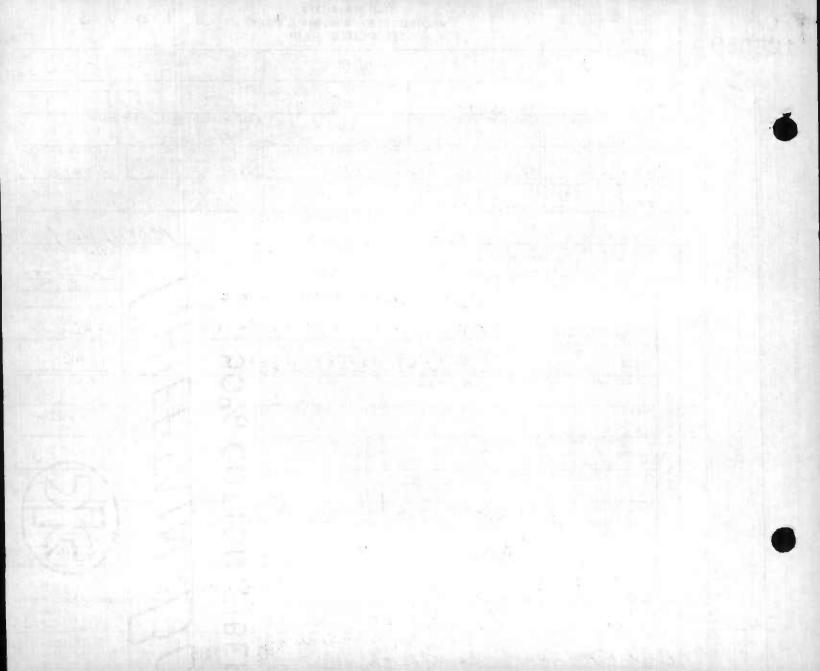
5-0	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6	9 3
120000	1. DEG	CEASED NAME A ARSI	LINE	AVAMS		7 85 3:00 PM
P. D.	3. SE	EMALE	CAUCASIAN	S DATE OF BIRTH  MONTH  DAY  YEAR  26  5	80 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
nerol of transcent	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTY	WIDOWED DIVORCED	HOWARD	MD.
offer of the f	15	AVAGE	9140 BALT	IMORE ST	(TYPE OF WORK FOR MOST OF WORKING LIE	
in 24 hours by filled in b should be fil	13a S	TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BI UNITY 13c. CITY OR T OWARD SAVA	OWN 134 INSIDE CITY LIMITS	130. STREET ADDRESS  SAME AS	20765
MARYI omplete ond 2	P	FIRST  FAMUEL  VAS DECEASED EVER IN U.S. A	ADA	ns BELLE	RQUERTY DORESS 8	THENEY SIT WILLIAMS ST
LTIMORE to be exected on a control on the medic		(IF YES, G	VE WAR OR DATES) 228-	16-6411 KING	SAYAGE	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
ST., B entifica g phy: on pon remov		PART I. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY: ATE CAUSE (a) VENT	OTCORNO MITTER	HMIA	
NO. PRESTON not the death of by the attendin size removition, or the cutter froumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	STIVE CARDIO MY		YEARS
301	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	- /1	VEN IN PART 1(o)
TALRECORDS  The low requirence has been significant. The green prior to be shows only injury to the shows only injury to	CERTIFICATION	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
JEVI JAN: Phys phys phys of Hy of Hy of Hy	MEDICAL CE	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.		RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2]
DIVISION C PHYSIC or othending After this ce os the burion of the ond Ment morked or the	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ATTENION Spirol Spirol of for us of He m 21 is in		sow the deceased alive	pital) ottended by deceased from the body ofter death.	9 3 and that in (my) (our) opinion	n death occurred an the date and ha	
Y the CAL DI detach one Deep Cate De	-	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	MI) ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	14/28/85
TO HOSPITA retained by TO FUNERA should be do with the Stat	23a	ES MITCH BURIAL, CREMATION, REMOVA	A 100 AL 236. DATE	301 VICIN	CITY OF TOWN	COUNTY STATE
BP DHMH - 16 25M		BURTAL UNERAL DIRECTOR	5/1/85 .	SAVAGE CEMETE 7601 SANDY SPERASODI	SAVAGE	HOWARD MID.
(VR A 15 (4) ) 9/74	F	LECK F.H. I	NC. LAUR	EL, MD. 20707 M.	AY 1 1985 January	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME YEAR 26 HOUR TO DATE KNOWN N MONTH DAY (TYPE OR PRINT) ESTI-IY, PLEASE IRECTOR. JUR FILES. 72 HOURS IN STREET, John DEATH MATED 17/19 85 Norman Averv 3 SEX 4 RACE 5 DATE OF BIRTH IF LINDER 24 HRS DATE 3:45 LAST BIRTHDAY) PRONOUNCED 7/19 85 DEAD P Male Black 3 34 51 YRS 76 CITIZEN OF WHAT COUNTRY? TE BIRTHPLACE (STATE OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY WIDOWED [ DIVORCED Howard County U.S.A. Maryland IR CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! 7503 Summer Blossom Lane Columbia SUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 21218 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland YES X NO [ 2219 Homewood Avenue BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles 18. GIVE PAGES WITH FOR WIT. PAGES 1 AND Cora Avery Gee 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO DIVISION TYES, NO. OR UNKNOWNI I (IF YES, GIVE WAR OR DATES 218-28-8117 NO Junious L. Warren 3405 W. RogersAve APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), F MEDICAL EXAMITYEN THE SEMIT. ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DESTABLION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertrophic Cardiomyopathy IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL-TOF HEALTH AND MEN URIAL, CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Mer. 1072.

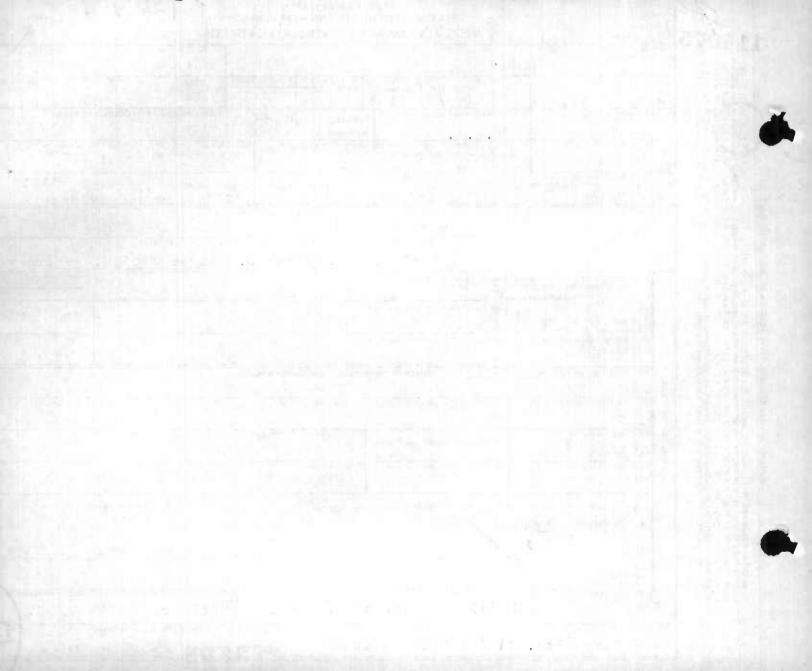
ICATE, WRITING THE WORL.

F CORWARDED TO THE CHIEF ME.

TOR: PACE 3 SHOULD BE USED A!

THE STATE DEPARTMENT OF HEA!

H THE STATE DEPARTMENT OF HEA! 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [ 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 71f. LOCATION TO MEDICAL EXAMINITION OF THE CERTIFICATE, WRITING EXECUTE THE CERTIFICATE, WRITING EXECUTE, PAGE 31 TO FUNERAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Inspection and in my apinion Natural causes X Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4/18/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. TYPE OR PRINT 111 Penn St 23C NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 4/23/85 Mount Auburn Cem. Baltimore, M'd'E. BP 24 FUNERAL DIRECTOR F / H 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Inc. 1101 E North AVenue (VR A15 ME (5)) 20M 4/82



5	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND & EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	1 6 9	5	
109149		CEASED NAME OR PRINT)	FIRST I	Betty	Ann Ann	ι	A A X T	4- 15 85//			11.43Am
A 100	3 SEX	Female	7	RACE Cauca	asian	S. DATE C	DAY YEAR 32	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNI	CH I FEFIN	FUNDER 24 HRS
deoth. Page		RIHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	BALTIMORE CITY O		EATH	MD.
s offer d		ty or town of DEA Columbia		Howar	d Co. C	en.	ROTHER INSTITUTION Hospital	OCCUPATE OT WORK FOR MOST OF Administ	F WORKING LIFE) IN	DUSTRY	tic Ser
24 hours	13a. S	AL RESIDENCE (IF NURSITATE	136 COUN	other institution ity	GIVE RESIDENCE BEFOR  130. CITY OR TOW  Ellico	/N	i.tesy□ NO [X]	3338 H.		n Roa	d 21043
and a within		THER'S NAME FRANK		M .	Spend		15. MOTHER'S MAIDEN NAMED TO SERVE Cathryn	MIDDLE		nore	
be execu	160 V	VAS DECEASED EVER I VES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	215-30-	6002	Vernon L.	Axt Same a			TE INTERVAL
quires that the death certificing by the attending pt hen please remove carbang to buriel, cremation, or remojury, or other troumatic eventions.	z	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which nediate g the lost.	DUE TO, C	OR AS A CONSEQUER AS A CONSEQUE	ENCE OF	BAR HOOD			PART 110	
os been ermit. The	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
DING PHYSICIAN: The ar ottending physicion After this certificate he se as the buriot-transit prolith and Mental Hygien marked or them 18 show	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COLUMN	AUSE OF DEA	HOUR A P 21e PLACE		AY YEAR 19	216 HOW INJURY OCCURR 211 LOCATION STREET	CITY OR TO		OR PART ?)	STATE
OR ATTENDING P the hospital or offer DRECTOR, Affer the sched for use as the Dept of Health and f them 21 is marked	×	220. I certify that (I) saw the deceose obove, (I) (we) (d) 22b SIGNATURE	(this hospi	tal) ottended the	ne deceased from.	. 01	d that in (my) (our) opinion of	death occurred an the do			
TO HOSPITAL ( TO FUNERAL Established by the  TO FUNERAL Established by the  With the Store  IMPORTANT, If		220 PHYSICIAN'S NA IMTIA	Z. 4	ORPRINT!	OWDHRY	5.	270 ADDRESS 107 98 #164	DOIRECTOR PHYSIC	IAN	Bier .	mo
BP		BURIAL, CREMATION, I SPECIFY Cremati UNERAL DIRECTOR		236. DATE 4-15			ty Pracess	BALTIM  E REC'D. BY REGISTRAR		, m	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	M	ac Nabb Fu	nera	al Home	e Cato	nsvi		R 1 7 1985	U		

		Configuration (F	
reconstant t			
1025 1915			
		A THE PROPERTY OF	
		rovinos y	
	dio prima de la serie de la compansión d		

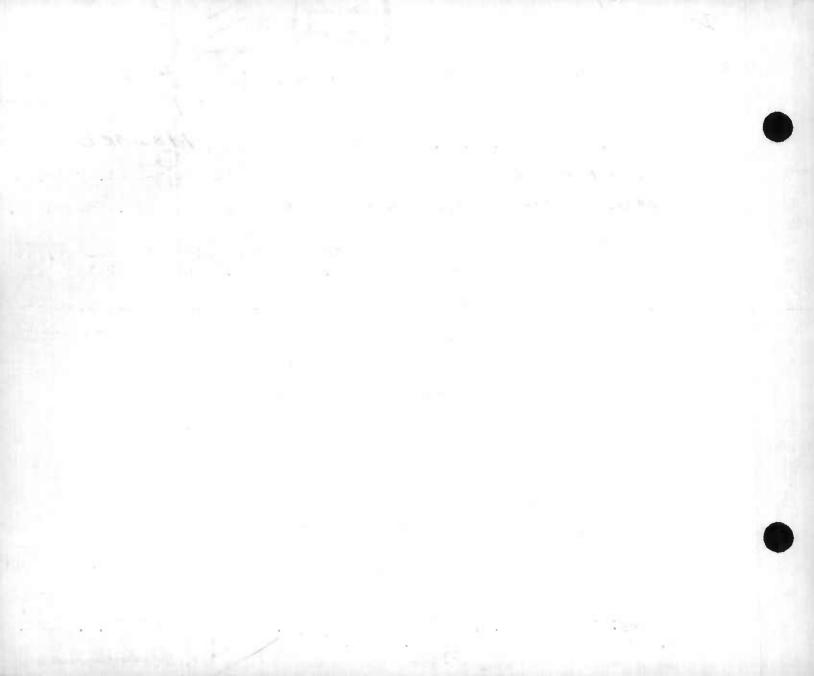
	(-	- FOR			DEPARTMEN		MARYLAND H AND MENTAL+	YGIENE	1 6 9	6
le	7	- STATE REGISTRA	AR .		DICAL EXA		CERTIFICATE C		REG. NO.	
10	)6140	1. DECEASED 1 (TYPE OR PRINT)	IAME FIRST	Lc	MIDDLE	В	ARROWS	OF-	KNOWNXX MON ESTI- MATED	
	THE SAME	Femnle	White	S. DATE OF BIRTH	YEAR LAS	E (IN YEARS IF UI T BIRTHDAY) MON		24 HRS. 2c. DATE MIN. PRONOUN DEAD	CED	H DAY YEAR 2d HOUR
			Nd.	76. CITIZEN OF W			RIED NEVER MARR	IED 🔲	HOWARD	COUNTY MD
	PAGE PAGE PAGE PER FILED	MARRI	ottsville/	Marriots	CILITY, GIVE STREET A	South o	f 99	120 USUAL OCCUP FOR MOST OF WORK		OR INDUSTRY
21201	AND 3 T	STATE N	d. CRI	OR OTHER INSTITUTION, G NTY ROLL	13c CITY OR TO		13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRES	Ridge	Rd. 21104
OW 380	PASSES PASSES	4. FATHER'S N	MARTIN	B.		ROWS	15 MOTHER'S MAIDI	MI		PARKER
MITIMO	ARS AFIER DE B. GLVE PAGE WITH FORM I. PAGES: 1.A DIVISION OF	(YES, NO, OR L	0 -	WAR OR DATES)		k.	MARTIN	BALROWS	MARKI	ottsville, Md.
Ne ST.	\$ \$508A	18 CAU	SE OF DEATH (Enter or I DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)	Multiple	injuri	es		The stay	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	VER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 COATE, WRITING THE WORD "FENDING" IN PENCIL IN ITE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT HE FIRST DEPARTMENT OF HEALTH AND MENIAL HYGIR IND "221201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	gov	ditions, if ony, which	(b)	AS A CONSEQU					
201 W	EXAMINED V	lyin	e (a) stating the <u>under</u> g cause last.	(c)	AS A CONSEQU					
RECORDS	BE EXE ENDING WEDICA: AS A BL ALTH AL	1 1					SE OR CONDITION GIVEN IN PA	ART 1 ra		
VITALE	SHOULD OND "PI	TIFIC	E OF OPERATION				WAS PERFORMED?			20 AUTOPSY?  YES NO
DIVISION OF	CERTIFICATE TING THE W 3 SHOULD F DEPARTMEN 1 PRIOR TO	S UNDERL	RNAL CAUSE WAS YING OR BUTING CAUSE OF		A. MONTH DAY	YEAR	ow INJURY OCCURRE			-
DIVIS	THIS CER' WRITIN WARDED PAGE 3 SI TATE DEP	WHILE AT WOI	RY OCCURRED  NOT WHILE AT WORK	STREET, FAC	OF INJURY (AT ) TORY, FARM, ETC.)	Ma	Scanon /auto	Rd city on tow		county state
	MINER: 1 IFICATE, 3E FORV CTOR: P H THE SI		certify that I took char esulted fram: Notu	ge of the remains de	Accident X	ld an Autor	psy XX Inspectio	In, Inquiry	ond in my	y opinion
	AL EXA HE CERT HOULD I HOULD I	ACTUAL SIGNAT	URE MOUS	ito D	no 46	ell.	TITLE (SPECIFY) A.D. Assistan	+ MEDICAL EXAM	INER SIG	TE 4/6/85
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW A PAGE 4 SHOULD BE FORW A SHER DEATH, WITH THE ST BALTIMORE, MARYTAND TO FUNDE, MARYTAND TO FUND THE ST BALTIMORE, MARYTAND TO THE ST BALTIMORE TH	EXAMIN (TYPE OI	ER'S NAME	Margarita	A. Kore	II,M.D.	ADDRESS 111	Penn Stre		o.MD 21201
07/8	4 BP	23ª BURIAL, CR (SPECIFY) CFLAN AT 24 FUNERAL D	EMATION, REMOVAL	236 DATE 4-6-85	CARR.	. 1 1	Ation Sexuic	23d LOCATION CITY OF TOWN	tend C	PEROLI Md.
25M	DHMH - 17 (VR A1S ME (5))	Har	y W. H	aightodres	Syke	sville	MD APR	REC'D. BY REGISTRAF	r 125) REGISTRAR	s signature dson-Pandelle

DHMH - 16 50M 4/83

(VRA 15, 4)

# STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	
1 DECEASED NAME FIRS	T MIDDLE	(AST	20.	DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
MA	RGARET E.	BESSL	ing	4	6 83 10 A
3 SEX	1 RACE	5. DATE OF BIRTH	YEAR OS	GE (IN YEARS LAST BIRTHDAY)  7 9 YR	MONTHS DAYS HOURS MIN
70 BIRTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF WHAT COUN	TRY? 8.  MARRIED NEVER	MARRIED . 9 B	ALTIMORE CITY OR COU	NTY OF DEATH
Md.	II. S. A.	WIDOWED X D	NORCED   120	USUAL OCCUPATION	12b, KIND OF BUSINESS O
Columbia		TREET ADDRESS)	(11)	PEOF WORK FOR MOST OF WORKING	IG LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HO 130. STATE	OME OR OTHER INSTITUTION GIVE RESIDENCE		CITY HAUTS? 130	STREET ADDRESS / ZIP CO	10-11-1
MD.	1/ // /	umbiA YES [	NO X C		Int - Howard C
14. FATHER'S NAME FIRST	MIDDLE		'S MAIDEN NAME	WIDDLE	LAST
Thomas		nnson	. ?	ADDRESS	
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 166. SOCIAL (ES. GIVE WAR OR DATES)	12-9936 Mr.	O'Carria Charles	ge Hill Vi T. Bessline	llage-Apt.10
18 CAUSE OF DEATH (En	ter only one couse per line for (a), (b		0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS C	AUSED BY: EDIATE CAUSE (0) Re	spiratory	Hores	7	
	DUE TO, OR AS A CONS	EQUENCE OF			*
Conditions, if any, which		rdiac Hr	rest		1 m medista
	he DUE TO, OR AS A CONS	EOUENCE OF	n 1.	20	
underlying cause la	(c) (E)	sestive (	2 diomy	20075	
PART 2 OTHER SIGNIFICA	No Ivular H	CE A DISE	O TO THE TERMINA	L DISEASE OF CONDITION	GIVEN IN PART 110
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN	196 CONDITION FOR W	HICH OPERATION WAS PERFO		YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OR COLUMNIA CALICE			NJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	(8 PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICALEX	AMINER) P.M.	19			
21d INJURY OCCURRED	21e PLACE OF INJURY	FICE FARM ETC.) 211 LOCATI	ON	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		7/1/	2 -	de	76
22a I certify that (I) (this	haspital) attended the deceased for	0	(pur) opinion deat	h occurred on the date and	haur and fram the causes stated
226. SIGNATURE	del not: view the body attandenth.	DEGREE	(total) deal	occorred on the dote ond	226 DATE SIGNED
Tito	V//latt	m.D.		EDICAL STAFF RECTOR PHYSICIAN	4/6/85
1 C TOR	S. ROTH, 1	1.D. 965	SO SANT	IAGORD,	COLUMBIA 21
230. BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME OF CEMETERY OR	CREMATORY	73d LOCATION	COUNTY STATE
Burial	Apr. 9, 1985	Glen Haven	Cem.	Glen Burr	
F. TromanorSch	wab 5151 Bal	to.Nat'l.Pi	ke 250 DATE RE	C'D. BY REGISTRAR JAN. HE	GISTRAICS SIGNATURE
	#212	29	APR	8 1005	a Davidson Bandott



executed within 24 hours ofter death. Page 4 may be

death certificate be

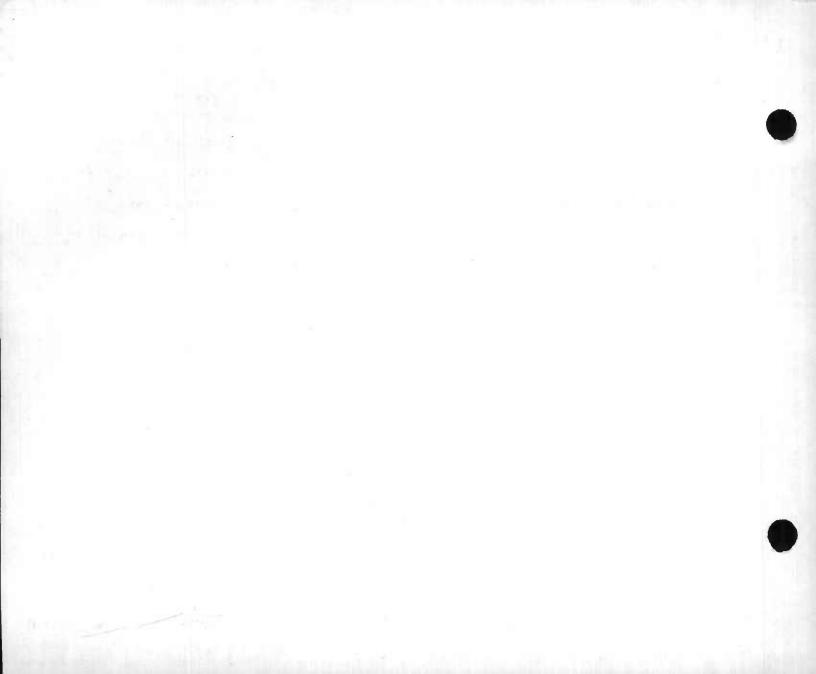
should be detoched for use or with the State Dept. of Health TO FUNERAL DIRECTOR.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

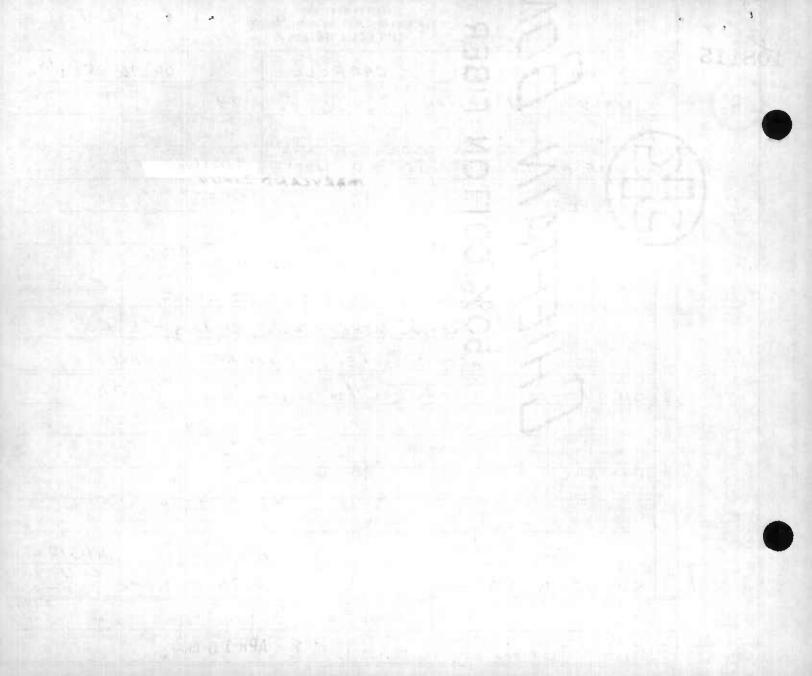
### DEPARTM

STATE OF MARYLAND	1	- i	15	9
NENT OF HEALTH AND MENTAL HYGIENE	2		0	
CERTIFICATE OF DEATH				

1. DECEASED NAME FIRST				REG. NO	
(TYPE OR PRINT)	MIDDLE	- 1	AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOU
Geor	92 H	13	etler	ļ	4-17-85 2
1 SEX	14 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER TYEAR IF UNDER
male	CAUCASIAN	MONTH		63	MONTHS DAYS HOURS
TA THRETHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	JNTRY? 8	M HENED HADDIED [7]	9 BALTIMORE CITY O	R COUNTY OF DEATH
VEST VIRGINIA	USA	WIDOWE	NEVER MARRIED DIONORCED	Howan	d COUNTY
TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I			12a USUAL OCCUPATE	
Columbia		naty Ge	neral Hosp.	FARMER	F WORKING LIFE   INDUSTRY SELP
USUAL RESIDENCE (IF NURSING HON	WE OR OTHER INSTITUTION GIVE RESIDENT OUNTY 1134. CITY C		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	TIP CODE O 6 0 5
no	WARD Fult		YES NO X	8127 MURP	
14. FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	4
FIRST	0 0 1	AST	Ida	WIDDLE	Staboler
160. WAS DECEASED EVER IN U.S		AL SECURITY NO.	17 INFORMANT	ADDRE	
(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	34-2115	MARY BEHAR	SAME AS 1	25.
NO I	Ma  30,0	77.2113	Tuelka Deliae	aune 42 1	
18 CAUSE OF DEATH (Ente	er anly ane cause per line far 191,	, (b), and (c).)	1		APPROXIMATE INTER BETWEEN ONSET AND
PART I. DEATH WAS CA	41.	Pirat ion	6170.	-	
IMME				***	
	DUE TO, OR AS A CON	NSEQUENCE OF	( 1 - K-		
Conditions, if any, which			JTYOLE		
gave rise to immediate cause (a), stating the		NEEDLENCE OF			
underlying cause last		NOEWUENCE OF			
	(c)				
	NT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART 110.
0	CONSTITUE	+6,61	, ,		
4 190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION			THE WEST MEDICAL TO A LOCALIST
11			N WAS PERFORMED	200 AUTOPSY?	
E E			N WAS PERFORMED		IN CERTIFYING CAUSES OF DEAT
	The state of billion			YES NOT	YES NO
21g. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	YES NOT	YES NO
OR CONTRACTOR OF CALLES	DE DEATH HOUR A.M. MON			YES NOT	YES NO
OR CONTRACTOR CALLES	DE DEATH HOUR A.M. MON	ITH DAY YEAR	21c HOW INJURY OCCURI	YES NOTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART ?)
OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM	DE DE ATH HOUR A.M. MON' P.M.	ITH DAY YEAR	21c HOW INJURY OCCURI	YES NOT	YES NO PART 1 OR PART 2)
OR CONTRACTOR OF CALLES	DE DEATH HOUR A.M. MON' P.M.  21e PLACE OF INJURY	ITH DAY YEAR	21c HOW INJURY OCCURI	YES NOTER NATURE OF INJUR	YES NO PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	DE DEATH HOUR A.M. MON' P.M.  21e PLACE OF INJURY	ITH DAY YEAR 19 OFFICE FARM ETC.)	21c HOW INJURY OCCURI	YES NOTER NATURE OF INJUR	YES NO PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING ALL EXAMINATION OF CONTRIBUTING CAUSE OF CIFE OF CONTRIBUTING CAUSE OF CAUSE	HOUR A.M. MON' P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY.  10 spital attended the deceased e on	ITH DAY YEAR 19 OFFICE FARM ETC)	211 LOCATION STREET	YES NO	RY IN ITEM 18 PART I OR PART 2)  WO COUNTY ST
OR CONTRIBUTING CAUSE OF CIFE EITHER MOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF CAUSE OF CONTRIBUTION OF CAUSE O	HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY.  nospital) attended the deceased	OFFICE FARM ETC)	211 LOCATION STREET  19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO	WN COUNTY ST
OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING ALL EXAMINATION OF CONTRIBUTING CAUSE OF CIFE OF CONTRIBUTING CAUSE OF CAUSE	HOUR A.M. MON' P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY.  10 spital attended the deceased e on	OFFICE FARM ETC)	211 LOCATION STREET  211 LOCATION STREET  19 45  and that in (my) (our) apinion DEGREE	YES NOTER NATURE OF INJUR	WN COUNTY ST  TO A DATE SIGNED  A COUNTY ST  TO A DATE SIGNED  TO A DATE SIGNED
OR CONTRIBUTING CAUSE OF CIFE EITHER MOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF CAUSE OF CONTRIBUTION OF CAUSE O	HOUR A.M. MON' P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY.  10 spital attended the deceased e on	OFFICE FARM ETC)	21c HOW INJURY OCCURI 211 LOCATION STREET 19 19 19 10 dd that in (my) (aur) apinian DEGREE	YES NOT RED (ENTER NATURE OF PAJUR  CITY OR TOT  death accurred an the do	WN COUNTY ST  22c DATE/SIGNED
OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220   certify that (1) (this h saw the deceased alive	HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, nospital) attended the deceased e on	OFFICE FARM ETC)	21c HOW INJURY OCCURI 211 LOCATION STREET 19 19 19 10 dd that in (my) (aur) apinian DEGREE	YES NOTER NATURE OF INJUR	WN COUNTY ST  22c DATE/SIGNED
OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMINATION AND CONTRIBUTING ALL EXAMINATION AND CONTRIBUTING ALL EXAMINATION AND CONTRIBUTING ALL WORK ALL	PORTH HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME SIREEL FACTORY)  nospital) attended the deceased e on the bady after death	OFFICE FARM ETC)	216 HOW INJURY OCCURION 211 LOCATION STREET  19 45 and that in (my) (aur) aprinian DEGREE ATTENDING PHYSICIAN E	YES NOTE NATURE OF INJUR  CITY OR TOT  to death accurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	WN COUNTY ST  22c DATE/SIGNED
OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMINATION AND CONTRIBUTING ALL EXAMINATION AND CONTRIBUTING ALL EXAMINATION AND CONTRIBUTING ALL WORK ALL	HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, nospital) attended the deceased e on	OFFICE FARM ETC)	216 HOW INJURY OCCURION 211 LOCATION STREET  19 45 and that in (my) (aur) aprinian DEGREE ATTENDING PHYSICIAN E	YES NOT RED (ENTER NATURE OF PAJUR  CITY OR TOT  death accurred an the do	WN COUNTY ST  22c DATE/SIGNED
OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I certify that (I) (this has we the deceased alive individed in the contribution of the contributi	HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME SIREET, FACTORY, nospital) attended the deceased e on d not be the bady after death	OFFICE FARM ETC)	216 HOW INJURY OCCURION 211 LOCATION STREET  19 45 and that in (my) (aur) aprinian DEGREE ATTENDING PHYSICIAN E	VES NOTE  RED LENIER NATURE OF INJUR  CITY OR TOV  MEDICAL STAF  DIRECTOR PHYSIC	WN COUNTY ST  VE DATE SHOULD AND THE COUNTY ST  VE DATE AND THE COUNTY ST  VE DATE SHOULD AND THE COUNTY SHOULD AND THE COUNTY ST  VE DATE SHOULD AND THE COUNTY SHOULD AND THE
OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION AND CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION AND CONTRIBUTION AT WORK AT W	HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME SIREET, FACTORY)  nospital) attended the deceased e on the bade after death  WPE STREET, FACTORY  120, DATE	OFFICE FARM ETC )  I from	211 LOCATION STREET  211 LOCATION STREET  19 57  and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 220. ADDRESS	VES NOTE NATURE OF INJURE  CITY OR TOTAL  A TO STAFF  MEDICAL STAFF  DIRECTOR PHYSIC  23d LOCATION  CITY OR TOWN	WN COUNTY ST  VED TO THE ALL OF PART 2)  WN COUNTY ST  ALL OF ALL OF PART 2)  WN COUNTY ST  ALL OF ALL OF PART 2)  WN COUNTY ST  ALL OF ALL OF PART 2)  WN COUNTY ST  ALL OF ALL OF PART 2)  WN COUNTY ST  ALL OF ALL OF PART 2)
OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM  21d. IN JURY OCCURRED  WHILE NOTIFY THE LIFE AT WORK  270. I certify that (1) (this has we the deceased always and the deceased always are always and the deceased always and the deceased always are always are always and the deceased always are always are always are always and the deceased always are always and the deceased always are always are always and the deceased always are always are always and the deceased always are always are always are always are always are always and the deceased always are always are always and the deceased always are always are always are always are always and the deceased always are always	HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME SIREET, FACTORY, nospital) attended the deceased e on d not be the bady after death  WAL / 23b, DATE 4 2085	OFFICE FARM ETC)  If from	211 LOCATION STREET  211 LOCATION STREET  19 57  and that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN 220. ADDRESS  EMETERY OR CREMATORY EMETERY OR CREMATORY	VES NOTE NATURE OF INJURE  CITY OR TOV  TO J  DIRECTOR PHYSIC  23d LOCATION CITY OR TOWN	WN COUNTY ST  THE AND THE ART I OR PART 2)  WN COUNTY ST  THE ART I OR PART 2)  WN COUNTY ST  THE ART I OR PART 2)  THE ART I OR PAR
OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION TO COURRED  WHILE NOTIFY HOLD ALL TANKS  270   Certify that (1) (this has well the deceased allowed the deceased allowed the course of	HOUR A.M. MON' P.M.  21e PLACE OF INJURY (AT HOME SIREET, FACTORY, nospital) attended the deceased e on d not be the bady after death  WAL / 23b, DATE 4 2085	OFFICE FARM ETC)  If from	211 LOCATION STREET  211 LOCATION STREET  19 57  and that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN 220. ADDRESS  EMETERY OR CREMATORY EMETERY OR CREMATORY	VES NOTE NATURE OF INJURE  CITY OR TOV  TO J  DIRECTOR PHYSIC  23d LOCATION CITY OR TOWN	WN COUNTY ST  VED TO THE ALL OF PART 2)  WN COUNTY ST  VED TO THE ALL OF PART 2)  WN COUNTY ST  VED TO THE ALL OF PART 2)  WN COUNTY ST  VED TO THE ALL OF PART 2)  VED TO THE ALL OF PART 2)



(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H	rgrene	1 4		, 0	
CERTIFICATE OF DEATH	REG. N	10.			
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR
a Cho		4	6	85	757A
S DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HR

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL	HYGN	REG. NO.	0 (		
	(TYPE	CEASED NAME ORPRINT)	FIRST	Koo	AIDDLE	Cho	AST		20 DATE OF DEATH MONTH	G 85	7	OUR 51 A M
	3. SEX		1	ORIENT	AI ()	5. DATE C			S. AGE (IN YEARS LAST BIRTHDAY)  53 YRS	MONTHS DAY		IDER 24 HRS RS MIN.
)	70 BIF	RTHPLACE (STATE OR FO	100	CITIZEN OF V	WHAT COUNTRY?	R	NEVER MARRIED		BALTIMORE CITY OR COUN			
4	and the latest l	REA TY OR TOWN OF DEAT		OREA I. NAME OF H	OSPITAL NURSIN	WIDOWE IG HOME C	D DIVORCED	_	HOWARD	126 KINE	OF BUS	MD. SINESS OR
		LUMBIA		(IF NOT IN SUCE	COUNTY GE	ADDRESS)			TRAIN ENGINE	LIFE! INDUSTR		
6	13a. S		136 COUNT	Y	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS	rs?	13e STREET ADDRESS / ZIP CO		0.010	01015
4	-	RYLAND H	HOWARI		COLUMBIA	4	YES (X) NO [	N NAM	9631-4 BASKET	KING	KUAU	21045
16		KI		ING	CHO		POO		EHM		IAST IM	
1		VAS DECEASED EVER I		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT BRO	OTHE	ER IN LAWORESS	210	45	
	NO				213-06-4	1439	YOUNG LEE	E	9617 PASTIORA P	PLACE, CO		
		Conditions, if ony, gove rise to imm couse to storing storing underlying couse	which ediote	BY: CAUSE (b) DUE TO, OF	RAS A CONSEQUE	CLNO ENCE OF	nz of	(11	KV		Mon	NIERVAL AND DEATH
7	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE T	TERMIN		res, were fin	DINGSU	
1	TIFIC									TIFYING CAUS		D
1	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRI	AUSE OF DEATH	21b. TIME OF HOUR A./ P./	M. MONTH DA M.	AY YEAR 19	21c HOW INJURY OC	CURRE	D (ENTER NATURE OF INJURY IN ITEM I	8 PART TOR PART	)	
	MEC	WHITE NOT WHI	IE 🗍		EET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TOWN	COUNTY		STATE
		220.1 certify that (I) ( saw the decease above (I) (we) (di	d olive on_	Hor.	19	J, or	od that in (my) (our opin	inion de	eath occurred on the date and h	our and from t		I) (we) lost s stated
,		27b. SIGNATURE	ul	aun				NG X	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DA	TE SIGN	-85
		Charles	ME (TYPE ORF	Taylor	my		On Knoll Na	rll	Drun Celum	be mi	12	1045
		BURIAL, CREMATION, F	REMOVAL	23b DATE	230 1	NAME OF C	EMETERY OR CREMATO	ORY	23d. LOCATION CITY OR TOWN	COUNTY		STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

NORBECK MEMORIAL PARK

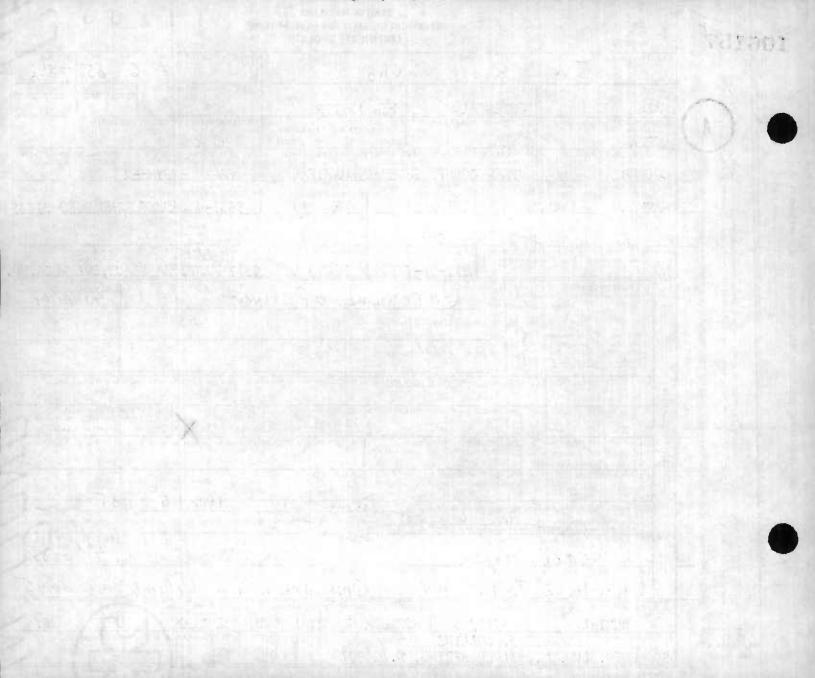
NORBECK

MU.

BURIAL 4/10/85 NORBECK ME

PARTIE TO THE PROPERTY OF THE PROPE

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



3#	STATE REGISTI	IAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAR CATE OF DEATH	HYGIENE	REG. N	1 7	0 1	
103105	(TWR CRIMENT)	1000	RST	MIDDLE	L	.ST		OF DEATH		Y YEAR	2b HOUR
1 69 X	1. SEX	Alber	t W. Clark		5. DATE O	S BIDTIA	_	il 9,		FUNDER I YEAR	2:20 Am
7 200	MA	le	Whit	e		13, DAY 1922 AR		62	wc	ONIHS DAYS	HOURS MIN.
2 12 61	7s. BIRTHPLACE	ENTAIL DEADH		WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTI	MORE CITY C	OR COUNTY O	OF DEATH	
	Ma:	ine	U.S.	Α.	WIDOWE			Howard	Count	У	MD.
120	Ellicot	who fleath	(IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET Ligh Ridge	ADDRESS)	R OTHER INSTITUTION 21043	(TYPE OF V	ALOCCUPAT YORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR
24 hours	USUAL RESIDE IJa. STATE Marylan	13b	HOME OR OTHER INSTITUTION COUNTY Howard	GIVE RESIDENCE BEFORE 136 CITY OR TOW Ellicott	ADMISSION)	136 INSIDE CITY LIMIT	S? 13e. STRE	ET ADDRESS	Ridge	Road 2	21043
170	14. FATHER'S N	AME RST	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE	Riage	NOGG 2	
1 1/20			Clark			late Myra	a Philbi	coók	E P		
ado on the control	YES NO OR U	NKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES) W 11	218 32 C		MEG Ella	orala O	ADDR		2.7	21043
the bear of the be	-					Mrs Ella (	Jark 8	041 H10	in Riac	- 4114	MATE INTERVAL
phy o phy on po	PART		nter anly ane cause pe CAUSED BY: MEDIATE CAUSE (a)	Respirato	my Fo	ilure					
of the state of th				RAS A CONSEQUE	NCE OF	f the plan					
de d	gave r	ons, if ony, whise to immedical, stating	ote	R AS A CONSEQUE		1. The preu	na				
those of creating and creating	underly		ost (c)	AS A CONSECUE	INCE OF						18.
1000		A1	1. 1 7 0		-	NOT RELATED TO THE			DITION GIVE	N IN PART 10	31
	IHICATION	OF OPERATION	rdial Infa	ITION FOR WHICH		andiac Arr		UTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
COAN. T	00.00017	DENT WAS UNDERLY	E OF DEATH HOUR A		Y YEAR	216. HOW INJURY OC	_				
offerships for the control of the born to and Me	21d. INJU	RY OCCURRED  NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	DWN	COUNTY	STATE
uttendin pind or 1108. At for use of Health	sow	the deceased a	s hospital attended to	1904		d that in (my) (our) api	3, to	April erred on the d	get and hour	-	that (I) (we) last causes stated
TAL OR A The hory PAL DIREC detoched detoched Tit I hem	22h SIGN	NATURE	E Rom		2	ATTENDIN PHYSICIA	MEDIC	AL STA	FF CIAN []	April April	il 9, 198
O HOSPII Intrined by O FUNE Inhould be only the St	0	nes E. P	Rowe, M. D.					Avenue	e Bala	timore,	Md 2122
RP RP	(SPECIEY)	REMATION, REM	April			METERY OR CREMATO	ORY 23d. 10	CATION CITY OF TOWN	City	COUNTY HOWARD	State Md.
DHMH - 16 50M 1/B1	24 FUNERAL D					25a	DATE REC'D. E				
(VRA 15, 4)	Harry H	Witzke	4112 Colu	mbia Rd E	llico	tt City	APR 1	1985	Ta Da	vidson-V	Pandelle

2017 Market and Adam A Transmill infinition of an inc wife the last The state of the s STOR O HARD AND THE REAL PROPERTY.

1								ARYLAN		4	9 1	10	()	
104	78	OR		C	EPART	MENT OF H	EALTH .	AND ME	EN DAL HY	GIENE	1 1	1 0	4	
10		REGISTRAR		MEI	DICAL	EXAMIN	ER'S CE	ERTIFIC	CATE OF	DEATH	REG.	NO		
		EASED NAME	FIRST		MIDDLE		Ĺ/	AST		Zo DA			DAY Y	YEAR 126 HOUR
	(TYPE	OR PRINT)					0.11			0	F ESTI-			
I.			Mark				Coll				TH MATED		0 17	85 "
Ŧ	SEX		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHOA			HOURS A		ATE OUNCED	HINOW	DAY	YEAR 2d HOUR
J	Mai	10	White	Jan. 5,19	948	37YR		DAIS	HOURS A	D	EAD	4	6 19	856:154
	70 BIF	RTHPLACE (ST		76 CITIZEN OF WH	AT COUN		0	1537		9. BAL	TIMORE CIT	Y OR COUNT		тн
1		REIGN COUNTRY)		U.S.A.		2.5		_	ER MARRIED		Howa	rd Co	ounty	
ł		ASS.	OF DEATH	11 NAME OF HOS	DITAL ABOUT	SCINIC HOME	WIDOWE		DIVORCED					MD
ı	IU. CII	IT OK TOWN	JF DEATH	(IF NOT IN SUCH FAC	ILITY, GIVE S	REET ADDRESS)					WORKING LIFE)	(TYPE OF WORK	OR IN	DUSTRY
I	C	olumbi.	a	Howard (	Count	y Gene	ral H	ospit	al	Patent	Lawye	er W.R.	Grac	ce Co
				OR OTHER INSTITUTION, GIV								210	244	
ľ	3a ST		136 COUN	-		umbia	1	3d. INSIDE CIT	NO [	3e STREET AD				
ŀ		ryland	Howa	ira	1 (01	ulibia			R'S MAIDEN		Gray (	)wl Gar	cth Co	olumbia
			is J Col	1 AIDDLE		LAST			Cecel		MIOOLE		LAST	
1	_									ria Le	onard			
1		AS DECEASED	DEVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY	NO. 1	7. INFORM	MANT	CTITE	ADDR	ESS		
ı			(16 163, 0146	WAR OR DAILS!	013	44 65	72	Mrc D	onnii (	lolling	10477	7 Gray	0.1	'anth
ŀ		Ves 18 CAUSE O	F DE ATH /Enter on	ly one couse per line				ULS P	emy (	OLLINS	10477	Gray		
ı		PARTIDE	ATLIBATOR CALLERS	m m14									BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
1			IMMEDIA	TE CAUSE (a) Arte				raiova	ascula	ir dise	ase			
					AS A CON	ISEQUENCE C	)F						1	
			ns, if ony, which se to immediate											
-1		cause (a)	stating the under-		AS A CON	SEQUENCE C	F							
		lying cau	se last.											
н		BART 2 OTHER CI	CONTRACTOR CONSTRACT	(c)										
1	7	TAKE Z UTNEK SIL	Julicani Condillous	CONTRIBUTING TO DEATH I	UI NUI KELA	IEU IU INE IEKMI	NAT DIZEAZE (	OK CONDITION	Y GIVEN IN PART	1 (0).				
4	0													
4	S	19a. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION WA	S PERFORA	MED?				20 AUTO	OPSY?
1	Ē												YES	XX NO [
1	MEDICAL CERTIFICATION	210 EXTERNA	L CAUSE WAS	21b. TIME OF			21c. HO	W INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITEA	M 18 PART I OR PA		
1	711	UNDERLYING	OR		MONTH	DAY YEAR								
1	OIC.	21d INJURY C	NG CAUSE OF I	DEATH P.M.	AE INTITION	(AT HOME.	21f. LOC	ATION						
1	MEC	WHILE -	NOT WHILE	STREET, FACT			STR. LOCA			CITY O	RIOWN	co	UNTY	STATE
	-	AT WORK	NOT WHILE C											
1				ge of the remains desc	با د ام ما د	us hald	Auto	D	1		. 🗖	1.		
1							Autopsy	-	Inspection	L, Inqu		ond in my or	pinion	
1		death results	d fram: Natur	ral causes XX.	Accident	LJ, Sun	cide,	Hamici	ide 🔲 ,	Undetermined	d manner _			
		ACTUAL	1100	N	01	1		TITLE (SP						1010-
J		ACTUAL SIGNATURE_	Well	Ander A	ne 4	bell	M.D	Assi	stant	_MEDICAL EX	XAMINER	DATE	ED4	1/6/85
7	1			1 00	-0			III NO NEED				010146		
4		EXAMINER'S I	NAME Mar	garita A.	Kore	11. M.I	) 4	DDRESS	111 F	enn St	reet	Balto.	. MD 2	1201
ŧ	73a PI		TION REMOVAL 2			IAME OF CEM				23d LOCATIO		30	2	
	(5)	Burial						CREMATO	/KT	CITY OR TOWN	4	COU		STATE
1	0.1.5			April 9,19	98Þ	Crest	Lawn				Howa		arylan	id
		NERAL DIREC		AOORESS	12.7					C'D. BY REGIS		EGISTRAR'S S		
	Ha	rry H W	litzke 41	12 Columb	ia Rd	Ellic	ott C	ity	APR	10198	35 min	ia Davidse	on- Hark	tell-
	_													

SHOWER THE THE PARTY OF T more - the contract the street of the street in Arthur TO THE PARTY OF TH with the lander a sign close of the first that the best section of

njury, or other troumotic event, the

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar to burial, cremotion,

IMPORTANT: If Item 21 is marked or Item 18 shows any

	X		
14	77	11	98

## STATE OF MARYLAND

i	1	1	0	4

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAPAYG	REG NO.	, 0			
	1. DEC	EASED NAME FIRST		MIDDLE		AST .	20 DATE OF DEATH MONTH	DAY	YE AR	2b. HOU	R
		OR PRINT) Willi	.am M. D	eutschman	Dei	etschmenn	April	-	95	90	M
	3. SEX		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER		IF UNDER	24 HRS MIN.
		Male_	White		May	1020	134 54 YR				
7		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY OR COUP	ITY OF DE	ATH		
		w Jersey	U.S.A.	•	WIDOWE		Howard Count	У			MD.
I	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		KIND OF USTRY	BUSINE	SSOR
		olumbia	Howard	County G	enera	l Hospital	Manager Service			ahoi	ISA
6	USUA 13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUL		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CO			5	
	Ma	ryland Howa				YES NO	9929 Carillo			104:	2
1	I4 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE WIDDLE	II DL I	LAST	10-10	,
U	la	te Leo Deutsch				late Marjorie			1831		
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS				
	(4	NO NO OR UNKNOWN) (IF YES, GP	VE WAR OR DATES			Mrs Suzanne	Deutschmann 99	29_Ca	rill	on I	or.
		18 CAUSE OF DEATH (Enter or	nly one couse per	lige for (a), (b), and	dico			Bi	APPROXIM	ATE INTER	DE ATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Priceller 2my hume									,
		D.O.C.		R AS A TONSEOUE	NCE OF						
		Canditions, if any, which	(b)	Crove		ortery dispes.	<		20	ne	
		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF				0		
		underlying couse lost	(c)	N A3 A C 0113E G 0E	1402 01						
		PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN P	PART 1ro		
	NO.										
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE			
	E						YES NO	YES [	AUSES	NO [	
7	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	IS PART LORE	PART 21		
	CAL	OR CONTRIBUTING CAUSE OF DE	ALII		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	* Day 57C \	211. LOCATION STREET	CITY OR TOWN	(0)	UNIY	5	TATE
	5	AT WORK AT WORK	(A) NOME 311	ALLI. PACTORT OFFICE T	NRM EIC J	770	A				
		22a.1 certify that (I) (this hasp				. 19 /2		19 8	3 . "	hat <del>(li (</del>	we) lost
		sow this deceased alive or above, (1) (we) (did) (did or	April	ofter death.	01 . 01	nd that in (my) (***) opinion o	death accurred on the date and	hour and fr	om the cr	auses sto	ted
		221 NATURE				DEGREE		220	DATES	IGNED	
		14 Mall	to ay	ha	N	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		4-	134	11
		22d. PHYSICIAN'S NAME HIPPE	OR PRINT)	~		22e ADDRESS	- 4				
		Charles E.T	eylor	MD		Ducknott North	Drug Celumbra	mi)	210	45	
ī	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(:	Cremation	April 1	15'85 Wes	stvie	w Memorial Pk.	. Catonsville	Balt	o Ma	rvla	and

DHMH - 16 50M 4/83 (VRA 15, 4)

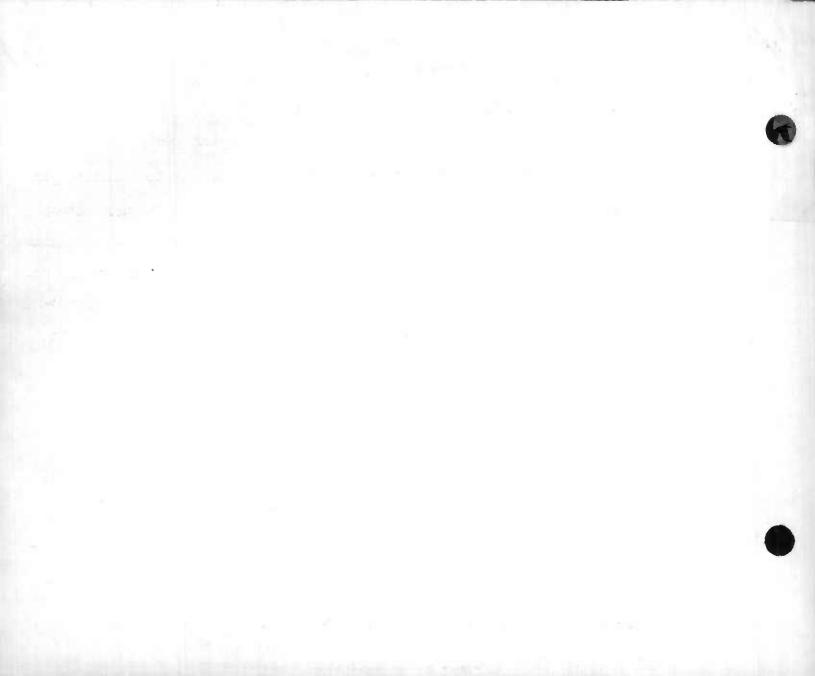
BP

TO FUNERAL DIRECTOR

24. FUNERAL DIRECTOR NAME Harry H Witzke 4112 Columbia Rd Ellicott

ADDRESS

250. DATE RECP. 5 REGISTERAL SALES AND ATTERED STATES OF THE SECONDATION OF THE SECONDATI



DHMH - 16 50M 4/83

Harry W. Haight

0	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	05				
r deor h		CEASED NAME FIRST TRM	A M.	DORSEY	20 DATE OF DEATH MONTH	14 8 1 3.40 PM				
scrop poor	3. SE)	emale	Black	5. DATE OF BIRTH  MONTH DAY  YEAR  2 12 25	6. AGE (IN YEARS LAST BIRTHDAY)  6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.				
ooth. Po	BII	RTHPLACE (STATE OR FOREIGN ) OUNTRY)	USA	8 MARRIED NEVER MARRIED WIDOWED MORCED	9. BALTIMORE CITY OR COUNT HOWARD COU					
s offer d	III. CI	Columbia	(IF NOT IN SUCH EACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) General Hosp.	12a USUAL OCCUPATION (TYPE OF WORK EOR MOST OF WORKING LE Homemaker	12b. KIND OF BUSINESS OR INDUSTRY  Domestic				
124 hour	USUA Uac S	TATE MD Carr		134. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD 7600 N. Scho	21784 colhouse Road				
ampletely gred 2 sh	E.FA		ANDLE LAST	15 MOTHER'S MAIDEN NA/ FIRST Lilliar	WIDDLE	Thornton				
n and ce execut	16a V	VAS DECEASED EVER IN U.S. ARA (ES. NO OR UNKNOWN)   I IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECTION AND ALEST ALBERT	2110 -	1175 Und	derwood Road Lle.MD 21784				
ith certificate nding physici corbanpaper i, or remaval.		18. CAUSE OF DEATH (Enter onl PART ). DEATH WAS CAUSED IMMEDIATE		in Renal Fe	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
is that the deat ed by the atter please remove c viol, cremotion, or ather troum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
ne law require an. has been sign permit. Then ene prior to bu	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YOUR CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \( \) NO \( \)				
g physicic		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DE DEAT		AY YEAR  19	RED (ENTER NATURE OF INJURY IN ITEM 18	PARI I OR PART ?)				
atendin	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE,	FARM ETC.)	CITY OR TOWN	COUNTY STATE				
spital or CTOR Ai I far use of of Healt		220 1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not	ol) ottended the deceased from 19 1 1 view the body after/death.		death accurred on the date and ha					
the har the har the har the har the best the Depther		22h SIGNAJORY	Tura	DEGREE  MD  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	220 DATE SIGNED 4/14/85				
O HOSPI C FUNE hould be hould be wedstay		224. PHYSICPN'S NAME (TYPE OF	Toter	11085 4H1	'e Patement G	gricing				
BP		URIAL, CREMATION, REMOVAL SPECIFY, Burial		Name of CEMETERY OR CREMATORY  nite Rock Cemete	23d LOCATION CITY OR TOWN  NY Sykesyil E REC'D. BY REGISTRAR 234 REGIS	e Carpoll MD				
HMH - 16 50M 4/83 (VRA 15, 4)	74 FL	INERAL DIRECTOR Harry W. Ha	ight Sykes	ville. MD AP		THE WAS IN				

TRIMA IN AMAI 7 12 45 3 mc A STATE OF THE PARTY OF THE PAR Deligned a foundty James Home. Homenter alementer 7640 b. Echapanoster land ASSESSED TO THE TOTAL OF THE STATE OF THE ST In Property founding the state of Mingro offivening weedong too stirl to-Bi-8 - Initial The said of the service of the servi

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	3	1	-0	6
1		1	V	O

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	)		100000		
		EASED NAME	FIRST	A	MIDDLE	t.	AST				AY YEAR	26 HOUR		
	TABE	OR PRINT)	FRAN	UCES	E.	T	DNKUM			1 2	2 85	755pm		
	3. SEX			4 RACE	250	5 DATE C			AGE IN YEARS LAST BIRT		ONTHS DAYS			
1		FEMEN	(4	C	AUC	MONTH	1 26 19		70	YRS.	DATS	HOURS MIN.		
		RTHPLACE I STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUN	TRY?			BALTIMORE CITY O	R COUNTY	OF DEATH			
2	W	est Va.		U.	S.A.	WIDOWE	D NEVER MARRIEL  DIVORCEL		Howard Co	unty		· MD.		
1	18 CF	Y OR TOWN OF DE	ATH		H FACILITY, GIVE	STREET ADDRESS)	ROTHER INSTITUTION		120 USUAL OCCUPATION OF WORK FOR MOST O		1 INDUSTRY	126. KIND OF BUSINESS OR INDUSTRY		
	Jee	(unel 1A		Howa			Hospital		Housewife		Home 1			
5	13a. S	TATE	Balt	TV	13c CITY OR		13d INSIDE CITY LIMI		30.STREET ADDRESS		GELD F	21227 1U =		
1	14 FA	THER'S NAME			4		15. MOTHER'S MAIDE	EN NAM						
		Maurice	• ^	AIDDLE	Joh	nston	FIRST	E	Clizabeth	Mo	Donou	ig h		
2		AS DECEASED EVER		MED FORCES?	16b SOCIAL	SECURITY NO.	17. INFORMANT		ADDRE	SS	Md :	21230		
-	14	ES, NO OR UNKNOWN)	(III 462' QIA6	WAR OR DATES)	213 1	2 2097	Leroy K	K. Mi	iller 2000	Casad				
		18 CAUSE OF DEAT			line for (o), (l	bi, and (ci.)				TO STATE	BETWEEN	I ONSET AND DEATH		
	80	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) CARDIAC ANAST										LANGE EDING		
	DUE TO, OR AS A CONSEQUENCE OF													
		Conditions, it ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									27days			
	100										7.10			
	100	underlying couse	lost	( (c)_	1			1875						
									NAL DISEASE OR CON			10		
_	ō	Div	4 use tags	unelle	tex 10	ALDIUCI	muly flug	, ch	tt-, REUAL-					
)	CERTIFICATION	190 DATE OF OPERA		196 CONDI							YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
	TIF	100	3			Description of		YES		NO 🗆				
1		21a. ACCIDENT WAS UN		LICITE A		DAY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART ( OR PART 2)			
	CAL	I IF EITHER, NOTIFY MED			M.	19								
Н	MEDICAL	214 INJURY OCCUR		21e PLACE		FFICE, FARM, ETC )	211. LOCATION STREET CITY OR TOWN COUNTY					STATE		
ij	-	AT WORK AT WO	HILE D							/				
		22a I certify that (I				10111		85	, lo	22		tho (J) (we) last		
H		saw the deceased alive on NoTSE Truck 19 , and that in my (our) opinion death occurred on the date and hour and from the cause obave (1) (we) (aid not) view the body after death.									couses stated			
	133	22b. SIGNATURE		2		-	DEGREE	de LC	MEDICAL STAF		22c. DATE	SIGNED		
1		Molecut	2 Sill	egel 9	n. Mi	D	PHYSICI	IAN [	MEDICAL STAF	IAN []	14/2	2/85		
		274 PHYSICIAN'S N	AME (TYPE OF	PRINT)		a dul	22e ADDRESS		, ,		, ,			
		160081	1T)	Schols	92()	R KLID	HOWAR	20 (	ocutey 984	rend	Hospr	the		
		URIAL, CREMATION	_	23b. DATE	0 =		EMETERY OR CREMAT	TORY	23d. LOCATION		MONIA	R STATE		
		Buri	al	4/26/8	25	Cedar H	ill Cem		Baito		AOUNTY.	Md"		

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR (VRA 15, 4)

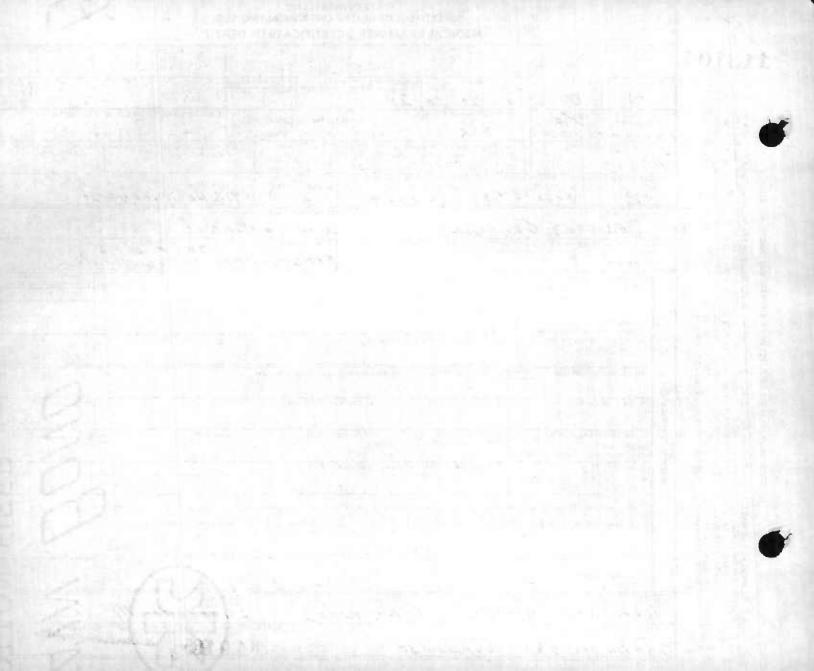
George J. Gonce 4001 Ritchie Hgwy Balto Md

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Like Davidson-Render

	There's			Tal Para
	SELIMONE .			
ACCES TO LAND		(parantic)		
a (c. Projection) Turk				
	21			
	Service of		Day of the last of	

	The same of the sa				•	DE	ADTA			ARYLAN	200		1	-	7	0 7	1	
	5	1- :	FOR STATE					XAMIN				F DEAT	TLI			• ,		
			REGISTRAR CEASED NAME	FIRST			DDLE	AAMIIN	EK 3	LAST	CATEO		. DATE	REG.		NTH DA	Y YEAR	Zb. HOUR
1	13104		OR PRINT)	77-					G	3		20	OF	ESTI- MATED		3- 6	19 85	28. HOOK
	PLEAS CTOR FILES FILES	3 SEX	14	Edwar	5 DATE OF	DIDTH	1	6. AGE (IN YEA		dner,	III	24 HRS. 26		MATEU .	MÖN			2d HOUR
	PLEA FILL STREET	3 SEA	ns		MONTH	DAY	YEAR	LAST BIRTHDA			HOURS		RONOUN	CED				11:20
	ARY. IN TOUR		-	3	2) CIVIZEN		50	3.5° YR	S.				DEAD	ORE CITY	, OB CO	4-13		а. м
-	SEE SEE	FOI	RTHPLACE (STATE	VA		OF WHAT	COUNT	RY?		ED PNE		ED 📙			-		DEATH	
•	ASE S	54.	4A4 OTTI	V1268		VVA			WIDOW		DIVORCE			ard		-		MD.
	元末公司	10 CI	TY OR TOWN OF	DEATH	(IF NOT IN	SUCH FACILITY	Y, GIVE STR						ST OF WORK		TYPE OF WO	ORK 12b. 1	OR INDUST	RY
	208	1	AYION					- Tria										
6	23300L	USUA IIIa. S1	L RESIDENCE (#)	N NURSING HOME O	OR OTHER INSTITU	UTION, GIVE RE	SIDENCE B	EFORE ADMISSIO	N)	13d. INSIDE CI	7011	13e STREE	TADDRES	SS		10	100	2
2120	イ準部と		mg.	PARIN	128 G	60.	LAA	140 M	,	YES 🐷	NO 🗆		HAS		ORN	6 57		
WD	1000	]4 FA	THER'S NAME		MIDDLE		1/	AST			R'S MAIDE	NAME	AAI	DDIE			LAST	
100	3003260		Fou	410 (	GARD	NEN				100	138	HARI	213					
W	SAN DAN D	160. W	VAS DECEASED E	VER IN U.S. AR	MED FORCES	5? 10	66. SOCI	AL SECURITY	NO.	17. INFORA	MANT		20	ADDRE	SS	LT		1
ALT	A HAGE		wik	, I I I I I I I I I I I I I I I I I I I	TYPE OF PATES					FORD	WORK	of 4/11	en	IARL	2770	V111	v. Va	
-	S S S S S S S S S S S S S S S S S S S		18 CAUSE OF D	EATH (Enter on	nly ane cause	per line far	(a), (b),	and (c).)									APPROXIMATI	INTERVAL TAND DEATH
20	BANG MA		PARTIDEAT	H WAS CAUSE	D BY: TE CAUSE (o		nowr									-	TWEEN ONSE	AND DEATH
0	スママン	/	910	8				EQUENCE C	F	77								
PRESTON	ENCIL IN MINER AL TRANSIT ENTAL HYCOR REMO			if any, which		,												
` ₹	XAMIN XAMIN XAMIN AL-TRA MENTA N, OR I	100	cause (a) sta	ting the under-		TO, OR AS	A CONS	EQUENCE C	F									
201	UTED WITHI IN PENCIL EXAMINER HAL-TRANS O MENTAL DN, OR REA	35	lying cause	ast.	(c)													
	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN FORD THE CHIEF AMEDICAL EXA 3 SHOULD BE USED AS A BURIAL. DEPARTMENT OF HEALTH AND MISSION.		PART 2 OTHER SIGNII	ICANT CONDITIONS			NOT RELATI	ED TO THE TERMI	NAL DISEAS	DR CONDITIO	N GIVEN IN PAR	(a) T						
RECORDS,	MEDIN MEDIN AS A SA TH CREM	Z	- E0															
- A	L'OFANTER T	ATIC	190 DATE OF OF	PERATION	19b. 0	CONDITION	V FOR W	HICH OPER	ATION W	AS PERFOR	MED?					20	AUTOPSY'	
Z.	SHOUL ORD "F CHIEF E USED TOF H	IFIC	Contract of														YES TOX	NO []
DIVISION OF VITAL	ATE S THE OFFILE BE WENT TO BU	CERTIFICATION	210 EXTERNAL	AUSE WAS	71b. 1	TIME OF IN. UR A.M. M	JURY E	est.	21c HO	OW INJURY	OCCURRE	D LENTER NA	TURE OF INJU	JRY IN ITEM	18 PART 1 C	OR PART 2)	N.A.	7.0
Z	ARTM OR TO OR TO		UNDERLYING CONTRIBUTING	OR CALISE OF	DEATH 7		3-6	DAY YEAR	Sul	oject	recov	rered	from	wat	or			
ISIO	P SH T	MEDICAL	21d INJURY OCC	URRED	21e	PLACE OF I	NJURY	(AT HOME,	21f. LO	CATION	1.0001				C1.			
5	S & & B E S	¥	WHILE AT WORK	TWORK X	X X	REET, FACTORY,		)		chols	COMO		CITY OR TOW		0000	COUNTY	Hotas	STATE
	PANA STA		Contract Contract			wate											CO.,	
	A TO SEE			hat I taak charg		70 1	_1			Sy XX	Inspection		Inquiry		and in m T	у артнап	10%	
(	WE WE WE		, death resulted/	rom. Natu	ral causes	T Acc	cident 2	Sui	cide 🔲	, Hamic		Undeter	mined ma	nner				
	MAN WAR		ACTUAL /	Vo	17	78.	. 1	In My	4	TITLE (S		- 12			DA	ATE	4 14	0.5
	ZHE SHE		SIGNATURE	Kenn	uns	M	41	01 -0	M	D Assi	stant	MEDIC	AL EXAM	INER	SK	GNED	4-14-	85
	TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNEMAL DIRECT AFTER DEATH, WITH BALLIMORE, MARYD		EXAMINER'S NA (TYPE OR PRINT)	ME Denn	is F.	Smyth	YM.	D.		ADDRESS_	111	Penn	St.,	Bal	to.,	Md.	212	01
	5X4548	15	JRIAL, CREMATIC	N, REMOVAL	236 DATE	101	23c. N	AME OF CEA			ORY	23d. LOC CITY OR	LAWEST		11	COUNTY	<b>6</b> 51	ATE
	BP		JNERAL DIRECTO	0	7/14/	1-1	1 6	JAK	u	000	75a DATE D	EC'D BY P	FREDERINA	7/ W	GISTRAE	YS SIGNI	A THIPE .	
	DHMH - 17	-	NAME A HA 4		A 1	ADDRESS,				100	250. DATE R	D 4 0	400E	S. WE	Dav	den	pandel	6
	(VR A15 ME (5)) 20M 4/82	2	MHAY	85 63	3 N C	-1/m	UN	54"			API	419	1933	11				•



20M 4/B2

White the state of rate of the contract of the co MANAGEMENT OF THE STATE OF THE

(VRA 15, 4)

STATE OF MARYLAND

(s, )  $s \in \mathbb{N}$ cale iso ust 1977 °7 072 20 18, 3 8 3 FC lost, it for a size who served 21 - -1 20 1 - 0 - 1 - 0 - 1 - 0 - 1

wiat alto.o. a vil alto.o. hu

112 11-11 0 0 . . . . .

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME	FIRST	A	MIDDIE	L	ASI	20. DATE OF DEATH		AY YEAR	2b HOUR	
1	{ I YPE	OR PRINT)	Carro.	ll E Ha	arrison			April 22,	1985		7:00 A	
1	3. SE)			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS	
		Male White Feb					uary 15, 1915	70	YRS.	ONTHS DAYS	HOURS MIN.	
	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8						X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	17.5	
	N	Maryland		J.S.A.		WIDOWE		Howard	County		MD.	
		TY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIEE)	INDUSTRY	F BUSINESS OR	
		Ellicott C		408]		nns L	ane 21043	as & E	as & Electric			
	13e S	Maryland	Howa:	ITY	136 CITY OR TOWN	٧ .	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 4081 St Jo	hns La	ne 21	.043	
21	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS		
1	]	late Will:	iam H	arrison			late Hele			LAS		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU							
		Yes								hns Lane 21043		
		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), and	(c).)		APPROXI BETWEEN	APPROXIMATE INTERVAL FTWEEN ONSET AND DEATH			
		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE TO CARCINOMA OF LUNCS & NETASTOS!								6MO		
		Conditions, if any, which ( 1b) HASCUINCE OF										
		Conditions, if any, which gove rise to immediate										
1	cause (a), stating the DUFTO OR AS A CONSEQUENCE OF											
1	(c) Diappiez Métrolog											
	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO D	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	٥,		
$\exists$	CERTIFICATION	19a DATE OF OPERAT	ION	19h CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	ICE HEED			
	FIC	THE DATE OF CITERAL	1014	178. CONDI	TOTAL WHEN OF EXAMEN WAS FENT ON MED				20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
+	ERT	21g. ACCIDENT WAS UND	ERLYING [	21b. TIME O	F INJURY		1216 HOW INJURY OCCUPRI	YES NO YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
1		OR CONTRIBUTING	AUSE OF DE A	TH HOUR A.	M. MONTH DA		The transition of the transiti	LD (ENIER NATURE OF INJU	IT IN HEM IS PAR	III ORPANIZ)		
1	MEDICAL	(IF EITHER NOTIFY MEDIC	_	21e. PLACE (		19	21f LOCATION					
	ME	WHILE NOT WH	ILE			FACTORY, OFFICE, FARM, ETC.)  STREET			WN	COUNTY	STATE	
		22a. L certify that (1)	(this hospit	al) attended the	e deceased from		1071	10 4/22	10	85	that (1) (we) last	
		saw the decease	d alive on	4/8	198	, an	d that in (my) (or) apinion d	eath accurred an the do	ate and have			
		276 SIGNATURE		A. 1.	1		DEGREE	Long		22c. DATE	SIGNED	
		I Kosen In Und					PHYSICIAN	DIRECTOR PHYSIC	IAN	14/2	3 (85	
		22d. PHYSICIAN'S NA					22e. ADDRESS 180 ( 3					
4		E. KAS					BALTIMO	DE, heil	2122	8		
	23a B	URIAL, CREMATION, I	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
-			7.00	April	25,1985	Maryl	and Veterans	Garrison	Fores	t Balt	o. Ma.	
		NERAL DIRECTOR	ke 41	12 Colum	nhia *PArl	licot	t City 250 PATE	RECD. BY REGISTRAR 2 3 1985	25b. REGISTR	AR'S SIGNAM	andelle	
Harry H Witzke 4112 Columbia Roellicott City   APR 23 1985												

DHMH - 16 50M 1/BI (VRA 15, 4)

morked or Hem 18 shows ony

# Should be detached for us with the State Dept. of Hee

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

	DEPARTMENT OF HEALTH AND MENTACHY CERTIFICATE OF DEATH	REG. NO.									
AIDDLE	Harter	April 20, 1985	DAY YEAR	2b HOUR							
2	5. DATE OF BIRTH  July 28, DA 1920'EAR	6. AGE (IN YEARS LAST BIRTHDAY)  64  YR	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.							

DECEASED NAME	FIRST		MIDDLE	į.	AST	20. DATE OF DEATH MO	NTH DAY	YEAR	2b HOU	UR	
TYPE OR PRINT}	Pea	rl	F	Harte	r	April 20, 19	985				
SEX	1,130	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD		NDER I YEAR	IF UNDE		
Femal	Le	Whit	e	July	28, DA 1920 YEAR	64	YRS.	HS DAYS	HOURS	MIN	
BIRTHPLACE (STATE OF	OREIGN	L CITIZEN OF	WHAT COUNTRY?	8	- C NEVER WARRIED C	9 BALTIMORE CITY OR C	OUNTY OF	DEATH			
Delaware		U.S.A		WIDOWE	D NEVER MARRIED DIVORCED 1	Howard Cour	nty			М	
CITY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	12a. USUAL OCCUPATION		2b. KIND C	F BUSIN	ESSO	
Clarksville			Clarksvi		oad	Accounting worlder Industry					
SUAL RESIDENCE (IF NURS)	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	LIL STREET ADDRESS .	1 9 9	D 7 C	1 000		
Maryland	Howa	ard	Clarksvi.	lle	YES NO	12184°Clarks	2A1TT6	Rd Z	1229	,	
FATHER'S NAME		An.			15. MOTHER'S MAIDEN NA				100		
ate William		ter	LAST		late Mabel S	Smith		LAS	37		
MAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRESS	Whi	te Ha	II P	nd.	
(MO10 OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	222 10 99	82	Laurence A S	an Boeuf 5530	) New	Park	Rd 2	2116	
18 CAUSE OF DEATH			line for (a), (b and	(c)				APPROX	ONSET AND	RVAL	
PART I. DEATH W		CAUSE (a)	mochos	ua				8	400	1	
The state of the s	IMMEDIATI		00						1	-	
Canditions if any		DUE 10, O	R'AS A CONSEQUE	NCE OF							
Conditions, if any,	rediote	(b)_		-				17.0			
underlying cause	g the lost.	DUE TO, O	R AS A CONSEQUE	NCE OF							
		(c)									
PART 2 OTHER SIGN	IFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM		ON GIVEN I	N PART 1	0		
o ourstoe	ment	with .	lungs, l	wes	Busyelist	es, spleen					
190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		DE IF YES, WE				
4						YES NO	YES [	]	NO [		
21a ACCIDENT WAS UND		216. TIME O		V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)			
OR CONTRIBUTING C		n	M. MONTH DA M.	Y YEAR							
21d INJURY OCCURR		21e PLACE		19	21f LOCATION						
WHILE NOT WH	ILE	(AT HOME, STE	REET, FACTORY OFFICE, FA	RM ETC )	STREET	CITY OR TOWN		COUNTY	1	STATE	
22a.t certify that (I)	(this hospite	attended th	e deceased from	172	1977	10 20 Am	h 10	15	that (I) (	(we) In	
saw the decease	d alive an	20 Ma	Kch 19	&V. on	nd that in (my) (aur) opinion o	death accurred on the date	and hour one	-		,	
22b. SIGNATURE	(dia not	view the body	offer deoth.		DEGREE			22c DATE	SIGNED		
Smel	184	Lille	no		ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN		22	An	8.	
2 M. PHYSICIAN'S NA	ME ( VPE OR	PRINTI			22e ADDRESS	DIRECTOR   PRISICIAL			100		
Donalde	. 011	100			2901 0/ NE	, Jandy of	K. Kd	,01	NEW 1	Ma	

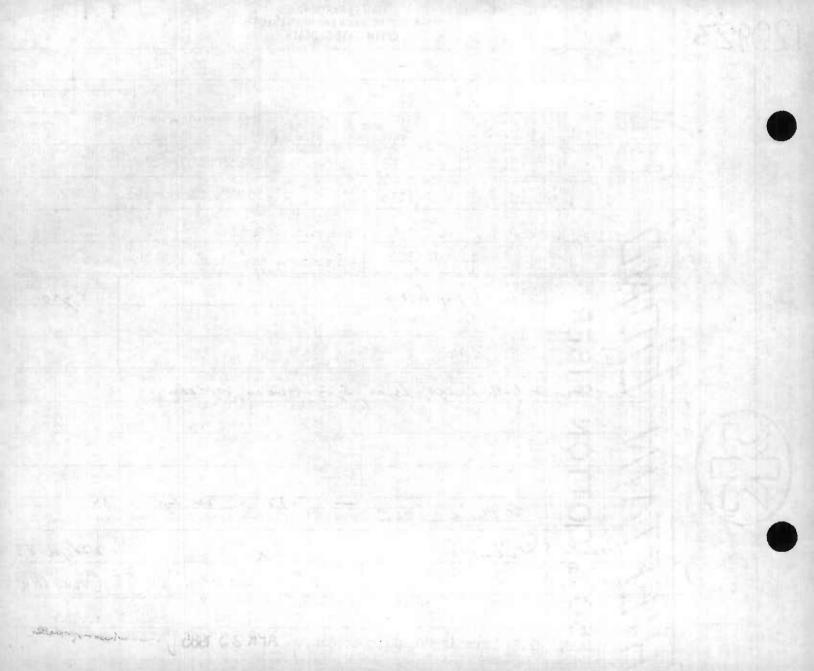
23a BURIAL, CREMATION, REMOVAL Burial

MPORTANT: If he

Harry H Witzke 4112 Columbia Rd Ellicott City DHMH - 16 50M 1/81 (VRA 15, 4)

236 DATE 24,1985 NAME OF CEMETERY OR CREMATORY PAPER 1 24,1985 Crestlawn Howard Maryland

23d. LOCATION CITY OR TOWN



STATE OF MARYLAND

CERTIFICATE OF DEATH

12:	313	36	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.				
eq ,	6	1		OR PRINT) OFFOH	y	L	Jones	9/18/85	7 SSAM			
ge 4 mo)	-	1	3. SEX	Female	B./c	ack	S. DATE OF BIRTH MONTH DAY YEAR 12 08 15	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN. YRS.			
Jeoth. Po	d geo	35		RTHPLACE (STATE OR FOREIGN OUNTRY)	16. CITIZEN O	1.5.A	MARRIED NEVER MARRIED UNIDOWED DIVORCED	Howard Howard	DUNTY OF DEATH			
rs ofter o	filed with	81	10 CI	lumbia		FHOSPITAL, NURSIN UCH FACILITY GIVE STREET	ADDRESS GEN. HOSP.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR HOUSE W	12b. KIND OF BUSINESS OR INDUSTRY			
n 24 hou	nould be	35		TATE Md. 136 990	NOTHER INSTITUTION NOTY	131. CITY OR TOW	CHY YES NO		cope Lane 21043			
ted within	ond 2 sl	30	14 FA	THER'S NAME FIRST  JOE	MIDDLE A	BEITS	15. MOTHER'S MAIDEN NA.	A WISE	LAST			
be execu	S. Poges 1	1		(AS DECEASED EVER IN U.S. AF	MED FORCES? /E WAR OR DATES)	216-36		s (husband)	SAME AS# 13			
rtificate	emoval.			18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSI IMMEDIA		er line for (a), (b), an Carcinom		tastatic to 14	hgs. Small interval BETWEEN ONSET AND DEATH			
that the death ce	sose remove carb			Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	(b)_	OR AS A CONSEQUE						
equires	Then ple to burie		NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIC	ON GIVEN IN PART Tra			
he low r	t permit.	2	CERTIFICATION	190 DATE OF OPERATION	195 CON	DITION FOR WHICH	OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO			
CIAN. T	iol-tronsi	9		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A	OF INJURY A.M. MONTH DA	Y YEAR 19 21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2}			
offendin	s the bur h and Me		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
TTENDIN pitol or	for use of the old			220.1 certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	4/12	8 / 8 5 19	4/16/85, 19, and that in (my) (aur) opinion	death accurred on the date o	, 19, that (I) (we) last nd hour and fram the couses stated			
ALOR A the hos	detoched ote Dept.			226. SIGNATURE  Ruchella	1. Sn	not m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222 DATE SIGNED 4/18/8 5			
HOSPIT orned by	ould be	1		Richard W		h M.D	22e. ADDRESS Z RA	work NORTH.	21044.			

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health.

DHMH - 16 50M 4/B3 (VRA 15, 4)

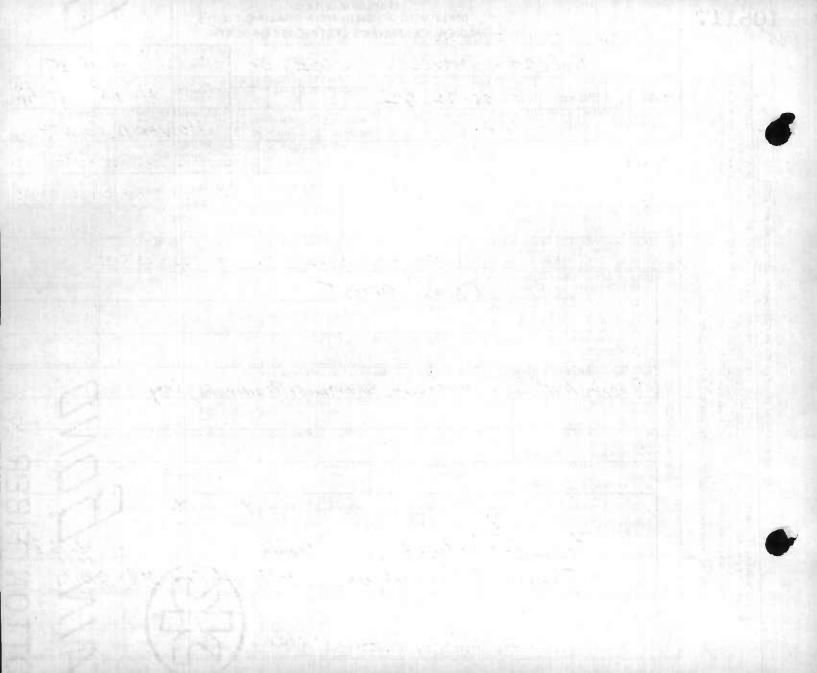
25 985 Alia Ariahan 250 REGISTBAR'S SIGNA

the through the second statement to the second Comment of the Company of the comment of the commen THE STATE OF THE PARTY OF THE P AND THE RESIDENCE OF THE PARTY OF THE PARTY

	1-	FOR STATE REGISTRAR	FilmG603 5/7/85 kamatate of Maryland DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
200,61	(TYPE	CEASED NAME FRST		20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR 6:00
oge 4 more process offer.	3. SE	MALE		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS AMONTHS DAYS HOURS M
deoth. Po	1	MARYLAND	76. CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	HOWARD COUNTY
by the filed with	1.5)	HESVILLE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN HOLD IN THE PROPERTY OF STREET ADDRESS)  14 59 UNDERWOOD RD.	126. USUAL OCCUPATION [1YPE OF WORK FOR MOST OF WORKING LIFE]  TARMER  126. KIND OF BUSINESS INDUSTRY  DAIRY
y filled in should be	13a. S	STATE 136. COON	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  ITY I3c CITY OR TOWN 13d. INSIDE CITY LIMI  YARD YKESVILLE YES NOTHER'S MAIDE	9 1459 UNDEREWOOD RD. 2178
Somplete	-	RIDGELY	JONES HELE	MIDDLE STROMBERG
on ond c		VAS DECEASED EVER IN U.S. ARA YES NO OR (18 YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 217-38-0495 Ms. MARY M.	1459 ADDRESS UNDERWOOD RD.  JONES SYKESVILLE MD 2178  APPROXIMATE INTERNAL BETWEEN ONSET AND DEA
quires that the death signed by the attending hen please remove col a buriol, cremation, a jury, or other traumot	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF  (b) METASTATIC ASEND CARCINO.  DUE TO, OR AS A CONSEQUENCE OF  (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	
mit. Tilor t	FICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	AND ANTORCYCL SALE IS WES THERE IN ION AND AND AND AND AND AND AND AND AND AN
he lov on.	I I	TYPE DATE OF OPERATION		200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
SICIAN: The loving physicion. certificate has terrial-transit permental Hygiene pritem 18 shows a	CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19	IN CERTIFYING CAUSES OF DEATH?
The lo	MEDICAL CERTIFIC	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	YES NO PEATH? IN CERTIFYING CAUSES OF DEATH? YES NO COURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
The lo	CERT	21m. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (16 ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR  P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.)  21il. LOCATION STREET  10i) attended the deceased from	VES NO NO VES NO DEATH?  VES NO VES NO
The lo	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# ETHER, NOTEY MEDICAL EXAMINER) 214 IN JURY OCCURRED  WHIS AT WORK AT WORK  228 1 certify that (I) (this hospit saw the deceased alive on obove, (I) (we) (did) (i) did not say the contribution of the contri	HOUR A.M. MONTH DAY YEAR  P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.)  21il. LOCATION STREET  10i) attended the deceased from	VES NO VES NO VES NO DEATH?  VES NO VES NO VES NO DEATH?  VES NO DEATH.  VES NO DEATH?  VES NO DEATH.  VES N

Janes Breezes More wants way at 1105 How the second MARCHES E LES R Van esti U soula sure CALL STATE OF THE Para the House Syndrice The House a Recommendation to the Walter Walter William they be well THE RESIDENCE OF THE CONTRACT OF THE PROPERTY and the second s THE HAR STATE OF THE STATE OF T decises to the service of the second of the second of the MARCH MARCH MARCH COUNTY BUS APP SA STORY MARCHINE

198117	11-	FOR STATE			DEPARTM		HEALTH				*	1	1 4		
115		REGISTRARRO	BERT SA	MUEL JOSE	DIS ALE	XAMIN	ER'S C	ERTIFIC	CATE OF	DEATH	RE	G. NO.			
X		CEASED NAME	FIRST		MIDDLE			AST		2a. D	ATE KNOW		ITH DAY	YEAR	2b. HOUR
2 ~ · · · · · ·	(11	PE OR PRINT)	RoBA	FR7 51	3MUE	4	1	DSE	5, 51		OF ESTI	0 0 4	+-15	1985	
PLEASE CTOR. FILES TREET,	3. SE	X 14	RACE	Is. DATE OF BIRTH	,	AGE (IN YEA	es I IF LIN	DER 1 YR.	IF UNDER 2	<u> </u>	DATE	MON			24 HOUR
STATE				MONTH DAY	YEAR	G 2-YE	Y) MONTH			MIN. PROI	NOUNCED	11	. 1	00	24. HOUR
N 2 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	M	ale	White	1	- 22		15.				DEAD	7-1	, ,	198)	DP M
NECESSARY FUNERAL DIR 5. FOR YOU'N WITHIN 72 A. PRESTON	7 a. B	IRTHPLACE (STA	TE OR	76. CITIZEN OF W	HAT COUNT	RY?	8 MARRIE	D EXNEY	ER MARRIEI	9 B/	ALTIMORE C	ITY OR COL	UNTY OF D	EATH	
SHOE ST	I	OREIGN COUNTRY)		U.S.A.			WIDOW		DIVORCE		HOU	IARA	O COUNTY		
FE, MD. 21201  EATH. IF ANY DELAY IS NECESSARY, PLEASE ES 1, 2, AND 310 THE FUNERAL DIRECTOR. 1 PM 3. RETAIN PAGE 5. FOR YOUR FILES. AND 2 SHOULD BE FILED. WITHIN 72 HOURS INVITAIN 72 HOURS INVITAIN 72 HOURS INVITAIN 72 HOURS INVITAIN 75 HOURS INVITAIN 74 HOURS INVITAIN 75 HOURS IN	e. 10. C	ITY OR TOWN O	F DEATH	II. NAME OF HOS	SPITAL NURS	SING HOME			IION II	2n USUAL C	CCUPATION	V ITYPE OF WO	WORK 126 KIND OF BUSINESS		
ZEGE Z	1				CILITY, GIVE STR									INDUSTR	Y
DELAY N PAC SDS - 20 FILL		olumbia								Electr	ical I	ingine	erwes	tingh	ouse
CAS S		AL RESIDENCE II				RESIDENCE BEFORE ADMISSION)		13d. INSIDE CI	TN LIMITED II	1. CIDEET	DDBECC	•			
A SERVE		aryland	How	ard	136 CITY OR TOWN Columbia			YES	NO	5455	Crow	Flock	Cour	t 21	1045
S. S. F. S. F. S. F. S. S. S. F. S. S. S. F. S. S. S. S. F. S. S. S. F. S.		ATHER'S NAME		0,,414					R'S MAIDEN						
T-KOHO	4	FIRST		MIDDLE LAST				IS. MOTHE	RST	NAME	MIDDLE		L	AST	
A PW A PW A PW A PW A PW A PW	1	John		Jose					Ch1	oe			McK.	ahan	
TIMORE, MI TER DEATH. FORM PM. ES I AND 2 ON ONLINE	160.	WAS DECEASED		RMED FORCES?	16b. SOCI	AL SECURITY	NO.	17. INFORM	ANT		ADD	RESS			
S AFTER GIVE PA ITH FOR PAGES I		es	WW		347	-20-49	10	Elear	or V.	Jose	Same	as #	13		
URS AFTER URS AFTER WITH FOR IT. PAGES 1											- Cume	40 11		PROXIMATE	ALTERVAL
FRESTON ST., INTHIN 24 HOUR NOT LIN ITEM 18. AND NER ANSIT PERMIT. FALL HYGIENE, DIERMANNER PERMIT.		PARTIDEA	TH WAS CAUS	only one couse per line	, ,	- 3	0000	1					BETW	EEN ONSET	AND DE ATH
STON SI V 24 HO N ITEM I ALONG IT PERM YGIENE		10-2017	IMMEDIA	ATE CAUSE (o)	Car die	0 41	100								
STO A PLOY	4			DUE TO, OR	AS A CONS	EQUENCE (	OF								
PREVIOUS REV			, if ony, which												
SZENE S	1		gove rise to immediate (b)										_		
201 W. PRE UTED WITHI IN PENCIL I EXAMINES I AL TANK OMENTAL P			lying cause last.												
XECUTED WITHIN 24 HOW THIN 24 HOW THIN 24 HOW THIN 24 HOW THIN TEXAMINE ALON BURIAL - TRANSI PER AND MENTAL HYGIEN ATION, OR REMOVAL				(c)								4			
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAES 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH COUR TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGN	IFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART	I (a).	,				
L RECORE ULD BE EX "PENDIN" FE MEDIC ED AS A E HEALTH /	CERTIFICATION	1/19/20	5 mel	1 dus 1	neons	Jahre	5949	Perus (	CONCA	remen	ne /4	na .			
SHOULD ORD "PEI OR " FE USED A TOF HEA	7 8	19a DATE OF	PERATION	196 CONDI	TION FOR W	HICH OPER	ATION W	S PERFOR	MED?		7	1	20 A	UTOPSY?	
SHOULD ORD "PE CHIEF A E USED , T OF HE, URLAL,	三													rc 🖂	No EM
CERTIFICATE SHOULD CERTIFICATE SHOULD TITING THE WORD "PE DED TO THE CHIFF M E 3 SHOULD BE USED A E 2 SHOULD BE USED A I PRIOR TO BURALL OF HER	=	21a EXTERNAL	CALISEWAS	21b. TIME O	E INTITION		214 HC	VACIALITIES V	OCCURRED	. FAIVER ALLEYIR				ES 🗌	NO V
CERTIFICATE TING THE W DED TO THE DEPARTMEN PRIOR TO BE		UNDERLYING	province of the last of the la		MONTH I	DAY YEAR	210 110	AA IIAOKI	OCCURRED	(ENIER NATUR	C OF INJURY IN I	IEM IBPARI I O	K PART 2)		
S FFOOTES	1 3	CONTRIBUTIN	G CAUSE OF			19									
S CERI S CERI RDED SE 3 SF 201 PR	MEDICAL	216. INJURY OC			OF INJURY TORY, FARM, ETC		211. LOC	ATION						700	1,-1-
SE GREEN	>		NOT WHILE		TORT, FARM, CIC	)	31	WEET		CITT	OR TOWN		COUNTY		STATE
E, VA			AT WORK								170				
A S S S S S S S S S S S S S S S S S S S		22a I certify	that I toak chai	rge of the remoins de	cribed obove	e, held an	Autops	/ Ц.	Inspection	In In	quiry 🔀	and in my	y opinion		
EXAMINER CERTIFICAT DULD BE FOR I DIRECTOR. 1, WITH THE MARYLAND		deoth resulted	from: Nate	urol causes	Accident	, Sui	cide .	Homici	ide .	Undetermin	ed manner				
CERT CERT COLD B DIRE			2	201	,			TITLE (SF	PECIFY) .						
A STAN	0	ACTUAL	Trong	an HOLL	Alma	1	44	100	auto	MEDICAL	EV 4 1 1 10 150	DA	TE 4	16.	85
HCAL EXA SHOULD ERAL DIEN EATL DIEN	7	SIGNATURE			4	4	M.		-	_MEDICAL	EXAMINER	SIC	NED_	/	-
MEDIA CCUTE SE 4 3 FUNE	/	EXAMINER'S N		mes F	Honi	heat	111		1-11	rolt.	City	MA	210	42	
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNEAL DIRECTO AFTER-DEATH, WITH THE BALTIMORE, MARYLAN	-	(TYPE OR PRIN		in /	11/6	11	1411	DDRESS	-111	CNIV	C1/7,	1.102	0/	17	
<b>₩</b>		URIAL, CREMATI	ON, REMOVAL			AME OF CEA			RY	23d. LOCAT	ON		OUNTY	STA	TE
BP		remation		4/18/85	We	estvie	w Cr	emator	ry	Cato	nsvill			Mo	
DHMH - 17	24 F	UNERAL DIRECT	Russe	11 C. Wista	ke Fu	neral	Home	P.A	Sa. DATE RE	C'D. BY REG	ISTRAR 25b.	REGISTRAR	'S SIGNATU	JRE	
(VR A15 ME (5))	5	555 Twin	Knolls	Road, Co.	lumbia	. Md.	2104	5	TILL .	6 198	9	11.1	vpen	do ble	
20M 4/82	_	JJJ 11111	·······································	1.000, 00.	- GIII D I G	, 110.	ELUT.						,		



FOR - STATE

# STATE OF MARYLAND CEPTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR						REG. I	40.		
	CEASED NAME	FIRST	Mario	MIDDLE	l	LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
11116		iois R	. Kell	er			April 13,	1985		1:20P
3 SEX			RACE		5 DATE C		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HE
	Female	The D	White		Marc	ch 6, 1891 YEAR	94	YRS.	MONTHS DAYS	HOURS MI
7a. BII	IRTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	Ohio			.S.A.	WIDOWE	DIVORCED	Howard C	ouncy		
	Columbia		(IF NOT IN SUC	orian Nur	sing	Home	Retired	TION OF WORKING LII	126 KIND (	cher
13a S	Maryland	NG HOME OR OTH 13b COUNTY Howa		GIVE RESIDENCE BEFORE 13c CITY OR TOW Clarksvi	Y _	13d. INSIDE CITY LIMITS?	135972 Appres	ter Ro	oad 2	1029
	ather's NAME late John 1	H. Kel	ler	LAST		late Ellen			lA	ST
16a W	WAS DECEASED EVER IT (YES NO OR UNKNOWN)	N U.S. ARME (IF YES, GIVE W		302 40 2	-	Mary Ellen V	an Dusen 5		rotter	Rd 2102
	18 CAUSE OF DEATH	(Enter only r	one couse per	line for (a), (b), and	d (c1,)	0			APPRO) BETWEEN	ONSET AND DEAT
	PART I. DEATH WA	MMEDIATE C		can	Och.	ARREST				
1	Conditions, if ony, gave rise to imme cause (a), stating underlying cause	ediate the lost	(c)	r as a conseque	NCE OF	REPORT D	364113			
ICATION	gave rise to imme cause (a), stating underlying cause	ediate the last IFICANT COT	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COL	20b. IF YES	S, WERE FINDI	NGS USED
TIFIC	gove rise to imme couse (o), storting underlying couse  PART 2 OTHER SIGNI  19a. DATE OF OPERATION	ediate the last	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES IN CERTIF	S, WERE FINDI FYING CAUSES	NGS USED
CERTIFIC	gove rise to imme couse (o), storing underlying couse	ediate the last IFICANT CON	(b) DUE TO, OI (c) NDITIONS CO	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH (  F INJURY  M. MONTH DA	NCE OF	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES IN CERTIF	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
TIFIC	gave rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CARCONTRIBUTING CAR	ediate The Jost IFICANT CON ON RELYING ALEXAMINER) ED	DUE TO, OI  (c)  NDITIONS CC  19b. CONDI  21b. TIME O HOUR A., 71e. PLACE	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH IT  F INJURY  M. MONTH DA  M.	DEATH BUT DERATION  Y YEAR 19	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES IN CERTIF YE URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
CAL CERTIFIC	gove rise to imme couse (o), storing underlying couse  PART 2 OTHER SIGNI  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDE OR CONTRIBUTING CATE OF COURTE OF COURTER  21d INJURY OCCURRE	IFICANT CON	DUE TO, OI  (c)  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A.I.  21e. PLACE ( (AT HOME, STR	R AS A CONSEQUE  TION FOR WHICH OF INJURY M. MONTH DAM M. DE INJURY EET FACTORY, OFFICE FA	DEATH BUT DERATION  Y YEAR 19	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCURI	ZOG AUTOPSY?  YES NO PRED (ENTER NATURE OF IN)  CITY OR I	20b. IF YES IN CERTIF YE URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S PART 1 OR PART 2)	NGS USED S OF DEATH? NO
CAL CERTIFIC	gove rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA  21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK  22a. I certify the COUNTY  22a. I certify the COUNTY  22a. I certify the COUNTY  AT WORK  COUNTY  22a. I certify the COUNTY  AT WORK  COUNTY  COU	ediate The The IDST  IFICANT CON  ON  RELYING  AUSE OF DEATH AL EXAMINER)  ED  this hospital	DUE TO, OI  (c)  NDITIONS CO  19b. CONDI  21b. TIME O HOUR A.I. P.I. 21b. PLACE ( (AT HOME, STR	TION FOR WHICH OF INJURY M. MONTH DA M.  DEFINJURY EET FACTORY, OFFICE FA	NCE OF  EATH BUT  OPERATIO  Y YEAR  19  RM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCURING 211 LOCATION STREET	ZOG AUTOPSY?  YES NO PRED (ENTER NATURE OF IN)  CITY OR I	20b. IF YES IN CERTIF YE URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S PART I OR PART 2)  COUNTY	NGS USED SOF DEATH? NO STATE
CAL CERTIFIC	gove rise to imme couse (o), storing underlying couse  PART 2 OTHER SIGNI  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDE OR CONTRIBUTING CARE OF COURT WAS UNDERLOAD AT WORK  21d, INJURY OCCURRE AT WORK AT WORK  22a, I certify the 100 Miles of Court of Co	ediate The The IDST  IFICANT CON  ON  RELYING  AUSE OF DEATH AL EXAMINER)  ED  this hospital	DUE TO, OI  (c)  NDITIONS CO  19b. CONDI  21b. TIME O HOUR A.I. P.I. 21b. PLACE ( (AT HOME, STR	TION FOR WHICH OF INJURY M. MONTH DA M.  DEFINJURY EET FACTORY, OFFICE FA	NCE OF  EATH BUT  OPERATIO  Y YEAR  19  RMA ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21t HOW INJURY OCCURI  21t LOCATION 51 REET	ZOG AUTOPSY?  YES NO PRED (ENTER NATURE OF IN)  CITY OR I	20b. IF YES IN CERTIF YE URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S PART I OR PART 2)  COUNTY	NGS USED S OF DEATH? NO STATE
CAL CERTIFIC	GOVE TISE TO IMME COUSE (O), STOTING UNDERLYING COUSE  PART 2 OTHER SIGNI  190. DATE OF OPERATION  210. ACCIDENT WAS UNDE OR CONTRIBUTING ACCIDENT WAS UNDE OR CONTRIBUTING ACCIDENT WAS UNDE OR CONTRIBUTING ACCOUNTED AT WORK  WHILE AT WORK NOT WHILE AT WORK  220.1 certify the 1 (1)(1)	ediate The The IDST  IFICANT CON  ON  RELYING  AUSE OF DEATH AL EXAMINER)  ED  this hospital	DUE TO, OI  (c)  NDITIONS CO  19b. CONDI  21b. TIME O HOUR A.I. P.I. 21b. PLACE ( (AT HOME, STR	TION FOR WHICH OF INJURY M. MONTH DA M.  DEFINJURY EET FACTORY, OFFICE FA	NCE OF  EATH BUT  OPERATIO  Y YEAR  19  RMA ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19  19  10 that in (my) (our) opinion  DEGREE  ATTENDING	ZOO AUTOPSY? YES NO PRED (ENTER NATURE OF IN) CITY OR I  depth occurred on the company of the co	20b. IF YES IN CERTIFY YE URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S D PART I OR PART 2) COUNTY	NGS USED 6 OF DEATH? NO  STATE
MEDICAL CERTIFIC	GOVE TISE TO IMME COUSE (O), STOTING UNDERLYING COUSE  PART 2 OTHER SIGNI  190. DATE OF OPERATION  210. ACCIDENT WAS UNDE OR CONTRIBUTING ACCIDENT WAS UNDE OR CONTRIBUTING ACCIDENT WAS UNDE OR CONTRIBUTING ACCOUNTED AT WORK  WHILE AT WORK NOT WHILE AT WORK  220.1 certify the 1 (1)(1)	ediote The The Inst IPICANT CON  ON  RELYING  AUSE OF DEATH ALEXAMINER  This hospital I did not	DUE TO, OI  (c)  NDITIONS CO  19b. CONDI  21b. TIME O HOUR A.I P.I  21e. PLACE ( (AT HOME, STR  ottended the 2	TION FOR WHICH OF INJURY M. MONTH DA M.  DEFINJURY EET FACTORY, OFFICE FA	NCE OF  EATH BUT  OPERATIO  Y YEAR  19  RMA ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19  19  10 that in (my) (our) opinion  DEGREE  ATTENDING	YES NO PED (ENTER NATURE OF IN)  CITY OR 1  To depth occurred on the of	20b. IF YES IN CERTIFY YE URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S D PART I OR PART 2) COUNTY	NGS USED 6 OF DEATH? NO  STATE
MEDICAL CERTIFIC	gove rise to imme couse (o), stoting underlying couse  PART 2 OTHER SIGNI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA  21d. INJURY OCCURRE WHILE NOTIFY ALONG AT WORK  22a. I certify the Country  22b. I certify the Country  25b. Country  26b. Country  27b. Count	RETAINS TON	DUE TO, OI  (c)  NDITIONS CC  19b. CONDI  21b. TIME O HOUR A.I.  21b. PLACE ( (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH IT  F INJURY  M. MONTH DA  M. OF INJURY  SET FACTORY, OFFICE FA  CHECOSED from	NCE OF  EATH BUT  OPERATIO  Y YEAR  19  RMA ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19  10 that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	ZOO AUTOPSY? YES NO PRED (ENTER NATURE OF IN) CITY OR I  depth occurred on the company of the co	20b. IF YES IN CERTIFY YE URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S D PART I OR PART 2) COUNTY	NGS USED 6 OF DEATH? NO  STATE
MEDICAL CERTIFIC	gove rise to imme couse (o), storing underlying couse  PART 2 OTHER SIGNI  19a, DATE OF OPERATI  21a, ACCIDENT WAS UNDE OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICA AT WORK  22a, I certify the 111 (or in the country of the country)  22a, I certify the 111 (or in the country)  22a, I certify the 111 (or in the country)  22a, I certify the 111 (or in the country)  22a, I certify the 111 (or in the country)  22a, I certify the 111 (or in the country)	E Control of the cont	DUE TO, OI  (c)  19b. CONDI  19b. CONDI  21b. TIME O HOUR A.I.  21e. PLACE ( (AI HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH IT  F INJURY M. MONTH DA M.  OF INJURY PEET FACTORY, OFFICE FA  deceosed from	NCE OF  EATH BUT  OPERATIO  Y YEAR  19  RM. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19  10 d that is (my)(our) opinion  DEGREE  ATTENDING PHYSICIAN [22e ADDRESS]	ZED AUTOPSY?  YES NO PRED (ENTER NATURE OF IN)  CITY OR I  deoth occurred on the of the occurred on the occurr	20b. IF YES IN CERTIFY YE URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S D PART I OR PART 2) COUNTY	NGS USED 6 OF DEATH? NO  STATE
MEDICAL CERTIFIC	gove rise to imme couse (o), stoting underlying couse  PART 2 OTHER SIGNI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA  21d. INJURY OCCURRE WHILE NOTIFY ALONG AT WORK  22a. I certify the Country  22b. I certify the Country  25b. Country  26b. Country  27b. Count	E Control of the cont	DUE TO, OI  (c)  19b. CONDI  19b. CONDI  21b. TIME O HOUR A.I.  21e. PLACE ( (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH IT  F INJURY M. MONTH DA M.  OF INJURY PEET FACTORY, OFFICE FA  deceosed from	PEATH BUT  OPERATIO  Y YEAR  19  RM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19  10 that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	ZED AUTOPSY?  YES NO PRED (ENTER NATURE OF IN)  CITY OR I  AND ADDICAL STATEMENT OF INSTITUTE OF INSTIT	20b. IF YES IN CERTIFYED YE URY IN ITEM 18 FOOWN	S, WERE FINDI FYING CAUSES S D PART I OR PART 2) COUNTY	NGS USED S OF DEATH? NO STATE that (I) (we) I couses stoted SIGNED

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL

BP.

	FOR	
-	STATE	
	REGISTRAR	

# STATE OF MARYLAND

н	FOR STATE	DEI		EALTH AND MENTACHYGI	IENE	4.73		
1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
li.	DECEASED NAME FIRST	MIDDLE	i	AST		MONTH DA	Y YEAR	26 HOUR
(	TYPE OR PRINT	0 1110	Ka'	11.1		41-	185	248
L	21066 11	1.1116	116	111	4 405	1 6	FUNDER TYEAR	IF UNDER 24 HRS
3.	SEX	RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
L	Formale.	White	11	3 9/	93	YRS.		
70		CITIZEN OF WHAT COU	NTRY? 8.		9 BALTIMORE CITY	R COUNTY C	FDEATH	
1	COUNTRY	LICA		D NEVER MARRIED	Ha.	. 300	7	
	Mary Land  I CITY OR TOWN OF DEATH	USA  1. NAME OF HOSPITAL, N	WIDOWE		120 USUAL OCCUPAT	ION	12k KIND O	MD. F BUSINESS OR
ľ	O I DWINGF DEATH	(IF NOT IN SUCH FACILITY, GIVE		O LI	TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
L	Columbia	thousand	County	General Hospi	tol Secr	etary	Real	Estate
Ų	ISUAL RESIDENCE (IF NURSING HOME OR OT 136. STATE 136 COUNTY	THER INSTITUTION GIVE RESIDENCE Y 130 CITY OF		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
ľ	Md Howar		ksville	YES NO X			t 108	21029
1/4	FATHER'S NAME	d Clair	MATTIC	15. MOTHER'S MAIDEN NAM		.000 1	.0 100	21027
		DDLE	ST	FIRST	MIDDLE		LAS	it .
L	Joseph Kelly	7		•		nnock		
18	MAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	255		
ı	No		03 8131	R. Earle John	nston II	same		
F	18 CAUSE OF DEATH (Enter only	nne couse per line for (a)	the and (c)				APPROX	IMATE INTERVAL ONSET AND DEATH
L	PART I. DEATH WAS CAUSED	BY. CANE	tia: A	mort				Omin
П	IMMEDIATE	CAUSE (v)	sure in	1765				
L		DUE TO, OR AS, A CON	SEQUENCE OF	In faret w	A -		1/1	4
1	Conditions, if ony, which	(b) 1000	ocar qu	I Filarge	m		1	11,
П	gave rise to immediate cause (a), stating the	DUE TO, OR AS ACON	SEQUENCE OF	11/			8	, .
L	underlying cause last.	( coro	nary 1	there scleros	UP.		gerer	W Years
L	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a ·
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	70b. IF YES.	WERE FINDIN	NGS USED
1	E IN DATE OF BELLANDS	17.0 COTTON				IN CERTIFY	ING CAUSES	OF DEATH?
1				1	YES NOL	YES		NO []
	OR CO. HERMITTHE CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INSL	RY IN ITEM 18 PAR	(T T OR PART 2)	
Н	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
П	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
ı		(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR IC	)4414	C001411	STATE
L	AT WORK AT WORK	b - wardad Aba da aa ad	trom Feb	19.65	ta Apr	12 11	9 65	show (in true) look
ı	220.1 certify that (1) (this haspital	A at the fact	20	nd that in (my) (our) opinion d		ate and how		that (b) (we) lost
П	saw the deceased alive on obove () (we) (did) (did nat)	view the body after death.	141		seam accorred on the o	ole ond hoor (		
L	226. SIGNATURE	10	no X	DEGREE			22c. DATE	SIGNED
1	Uwood H	In prosse.	IN D	ATTENDING PHYSICIAN	MEDICAL STA		14=10	2-1965
1	224 PHYSICIAN'S NAME TYPE OF P			22e ADDRESS		43.00		
1	Elwood H.	La Brosse	MD	13459 5X Jal	hucken E	-Ucot	4C+ VIII	1 21043
1				ENETEDA OD COLLINS	123d LOCATION	- LCON	44,11	
12	30 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
	Burial	04/15/85	I St. Man	ry's Cemetery	Baltimo	re, Md		

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Burgee-Henss Funeral Home 3631 Falls Rd.

ery Baltimore, Md 250 DAJE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

112	$051_{1}$		-			DEBARTA		OF MARYLAND		- 1 1	7 1	1	
		-	FOR STATE					ALTH AND MEN					
1			REGISTRAR	FIRST	IVI		AMINEK	'S CERTIFIC	ATE OF DE	KE	G. NO.		
100			CR PRINT)	- 4		WIDDLE		LAST		20. DATE KNOW		DAY YEA	E HOUR
S S S S S S S S S S S S S S S S S S S	ET.			Howa	rd	M.		KErr		DEATH MATE	D - 4-	13 198	525
204	De la	1 SEX	4	RACE	S. DATE OF BIRT	H YEAR 6	AGE (IN YEARS.		UNDER 24 HRS	2c DATE	MONTH	DAY YE.	AR 2E HOUR
283	ZZ.	X	Anle	10)	7-2		69 YRS.	MONTHS DAYS	HOURS MIN.	PRONOUNCED DE AD	Part .	13 85	231
37	ZEO 1	7 BI	RTHPLACE (STA	TE OR		WHAT COUNTR	V2 II			9. BALTIMORE C	ITY OR COUN	NTY OF DEATH	12 11
品前品	1/5	EQ	FIGH COUNTRY		11	<1		ARRIED NEVE		-1	T		
225	134		Ennsylv		V	OCCUTAL AULIDO		DOWED  OTHER INSTITUTION	DIVORCED	How		181 MINID OF	MD
2,4,2	1	10.01	, IOW 10 WIN O	DEATH		FACILITY GIVE STRE		OTHER INSTITUTION	FOR	WAL OCCUPATION	Y (TYPE OF WORK	12b KIND OF OR INDU	
500	8 L	00	lumbi	A	Howar	d Cou	nty 6	en. Hos	P. C	lerica/		D.C.	. A.
1 Page 1	982/	13a S1	L RESIDENCE (# 'ATE	IN NURSING HOME O			R TOWN	13d. INSIDE CITY	TIMITS? 113. STI	REET ADDRESS			
25 SAR	がどう		nn	1	to want	Ellico	+ Cita	/ _/	NO 0 85'	12 FREC	lecick	- RS	21043
9 " 200	OF ROOM	TA.FA	THER'S NAME			- Lines		15. MOTHER	S MAIDEN NAM	E			
東 大阪市	25-5/	1	Haplas		MIDDLE	N'	200	FIRS		MIDDLE		7 LAST	
AGE NO.	40	16a. W	AS DECEASED	EVER IN U.S. ARA	AFD FORCES?	LIAN SOCIA	L SECURITY NO		NI	ADI	DRESS	DICOU	ررر
ME 859	SS /	(46	S, NO, OR UNKNOW	N) (IF YES, GIVE					1 11		72 FRG	EX EX ICIC	, RD
A SOF	35	_	NO				05.57	3 Ms. 1505.	ALEG KET	CR E	LUCOR	CITY M	10 BIOY
F. 20	F 0		18 CAUSE OF	DEATH (Enter and TH WAS CAUSED	y ane cause per l	ine for (a), (b), a		n Hotel					NATE INTERVAL
NA HAM	A B B B				E CAUSE (o)	Lardia	e a	rrest				Simu	1171
S S S S S S S S S S S S S S S S S S S	100				DUE TO,	OR AS A CONSE	OUENCE OF	0.	-			1	
<b>8</b> 星星数	AL H			, if any, which to immediate	) (b) 1	lentric	ular	+i bri	llalias	ic.		MINU	TES
W. W.	E F &		couse (o) s	tating the <u>under</u> -	DUE TO,	OR AS A CONSE	QUENCE OF						
SEN SE	XXX.		lying couse	last.	1 100	OVONAV	u ar	teru	disans	0		110	
A GRE S	ANCE		PART 2 DIHER SIGN	IFICANT CONDITIONS	ONTRIBUTING TO DEA			DISEASE OR CONDITION G	INEN IN BARY			1 7/1:	. /
80 GEO	ATS	z		_		THE SOL HOL METHER	TO THE TERMINAL	DISEASE OF COMPILION C	ITEM IN PART I IQ				
NEW SER	333	INCATION	19a, DATE OF C	PERATION	Tian Cont	DITION FOR WA	HOU OBEDATIO	N WAS PERFORME	502				
A DO	D##	9CA	IN. DATE OF C	EKAHOIY	IVE CON	DITION FOR WI	IICH OPEKATIO	N WAS PERFORME	EU?			20 AUTOP	SY?
F 289	#52A	E	al EMPERALAL	2 - 1								YES [	ON [
PARA O	990	CERT	210 EXTERNAL UNDERLYING	ACT 1		OF INJURY	AY YEAR	It HOW INJURY O	CCURRED LENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR P	ART 2)	
N 250	C 2885	S	CONTRIBUTING	G CAUSE OF D		.M.	19						
ST ST S	300	MEDICAL	21d INJURY OC	CURRED		E OF INJURY		LOCATION STREET					
VRIS D	250	2	WHILE AT WORK	NOT WHILE	] STARRET, F	ACTORT, PARM, ETC.)		SIREEI		CITY OR TOWN	C	OUNTY	STATE
4 4 8	STA	10 9									- 1		
#35	SES.			that I taak charge		described above	7		nspection	Inquiry .	ond in my o	pinion	
35 M	355		death resulted	from: Natur	al couses .	Accident L	, Suicide	L. Homicide	e Unde	termined manner			
399	NA SE		ACTUAL	nV h		_		TITLE (SPE	CIFY) See by	MITUTE		1.	10-
<b>₹</b> ₩9	DEATH OF THE PROPERTY OF THE P	1	SIGNATURE L	JA. 01	michi	en		_M.D. Deput	MET MET	ICAL EXAMINER	DATE	ED 4/13	185
DIO 4	200 Z		EXAMINER'S N	II < = 11	241			9	1051 Bu	Lt. NEEL.	Pike	,	-70-51
<b>₩</b> 08	<b>是张老师</b>		TYPE OR PRINT	AME B. H	· MIINC	hew		ADDRESS	Ellicor	4 City	210	43	
584		23a. BL	RIAL, CREMATIO	ON, REMOVAL 2	DATE	23c. NA	ME OF CEMETE	RY OR CREMATORY	Y 23d LC	DCATION	1	and V	
07/84 BP		(5)	BURIA	6	4-17-8.	5 5	PHNS	Comeser	7	licett City	1 /1/2	vard	1021
25M		24. Ft.	LERAL DIRECTO		1	7	KN			Y REGISTRAR 256	REGISTRAR'S	SIGNATURE	7.70
DHMH (VR A15	H - 17	1	10 a 6 2	France (	ADDRI	50//1	4 11	ML zwo	APR 1	7 1985 4	ha David	Air-Pand	مالك
(*K MI3		190	MECK. /	mural	None	Culcol	City.	15 500 AS	> 111 11 1	1000			ì

Reference to the second death of the contrast of the c the first of the first flavour broken transfer and his wife and 3090

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME FIRST SANG	f 1	EUNG		KIM	2a. DA	APR.		85 S	B PAN
3. SEX	male	1 RACE Yellon	NO	5. DATE (		6. AGI	(IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER T		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	DIVORCED	9 BAI	TOWAR d	Y OF DEAT	Н	WE
Co	lumbia	TOWS	CHEACINITY, GIVESTREET	ADDRESS	Seve of		SUAL OCCUPATION OF WORK FOR MOST OF WORKING!			BUSINESS OR
13a, S Ma	AL RESIDENCE TH NURSING HOME O TATE 13b. COU aryland Howa	NTY	13c. CITY OR TOW Ellicott	N		465	reet ADDRESS / ZIP COE 56 Clydesdal		210	43
	THER'S NAME ate Du Sik Kim	MIDDLE	LAST		Is. MOTHER'S MAIDEN  Late Hyui		in Kim		LAST	
		RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	Sea Won Ki	m 4014	ADDRESS 4 Woodley Rd		cott	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly ane cause pe ED BY: TE CAUSE (a)	r line far (a), (b), and	rdia	e arre	est				minuter of
	Conditions, if ony, which gave rise to immediate cause (a), stating the	(b)_	OR AS A CONSEQUE		generalize	d Ar	teriosclerosi	's y	LAY	·5
. NOI	PART 2. OTHER SIGNIFICANT  That VE	Tuber	reulosis »	End	capsulated	~ * "	sion Rt.			
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIC	NWAS PERFORMED	20a YES	IN CERT	ES, WERE F IFYING CA YES []	USES O	
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	AIH	DE INJURY .M. MONTH DA .M.	AY YEAR	21¢ HOW INJURY OCC	CURRED (E	nter mature of injury in item 18	PART I OR PA	RT 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET		CITY OF TOWN	COUN	ŢΥ	STATE
	22a   certify that (1) (this hasp saw the deceased alive at abave, (11) we) (did) (did no	APR-18	1989	march 5	nd that in (my) (aur) apin		APR 18 accurred on the date and ho	19 <b>85</b> out and Iran		(we) last
	226 SIGNATURE	hoon t	lan	M.		G MED N DIRE	DICAL STAFF CTOR PHYSICIAN	22c 1	R. 18	GNED 8. 1985
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS					
	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATO	RY 23d	LOCATION CITY OR TOWN	COUNTY		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is

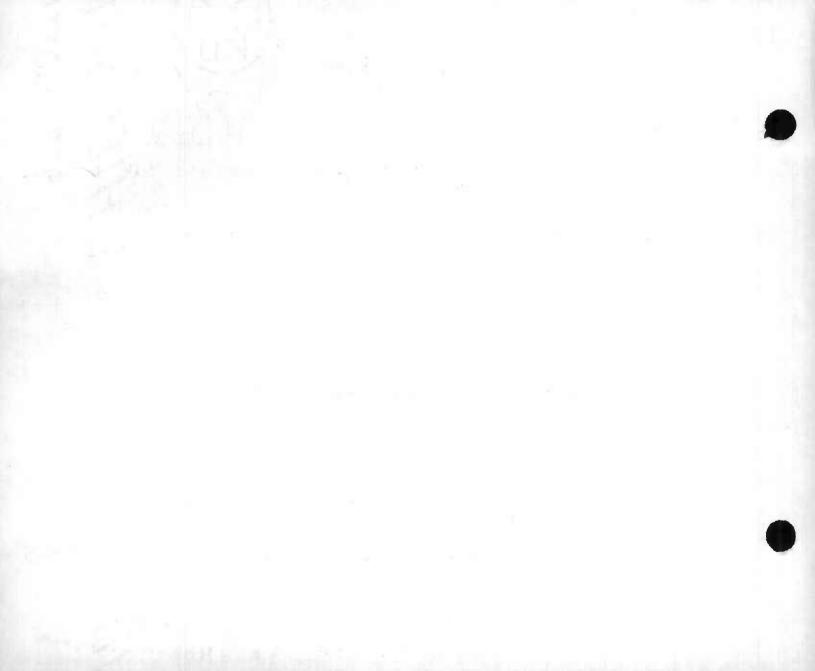
Burial April 18'85 Meadowridge
Parry H Witzke 4112 Columbia Rd Ellicott City

CITY OR TOWN

Howard Maryland

STATE

APR 1 0 1085 ...... Deviden - Wanter



te 1	It	ems 18-	-22a 5/2	3/85	mtb	DEPART			MARYLA H AND M		WGIEN	E	1	1	1	9	
75. 7		REGISTRAR			MEI		EXAMI	NER'S	CERTIFI	CATE	OF DEA	HTA	REG	. NO.			
102004		CEASED NAME OR PRINT)	THEO	OORE	4	J.			KLAUEN	IBERG		OF	ESTI- MATED		о нтис 8	T9 85	26 HOUR
P. PLEA	3. SEX	le	White	S. DATE C	OF BIRTH	YEAR	6. AGE (IN LAST BIRTI		INDER 1 YR.	IF UNDER	MIN	2c. DAT PRONOU DEA	INCED	4	8	1985	2d HOUR 8A M
Service Servic	Tii. Bill	RTHPLACE (ST. REIGN COUNTRY)				HAT COUN		8 MAR	RIED NE	EVER MARR DIVORC	RIED 🔲		wore cit	YORCO	DUNTY	OF DEATH	,
D. 21201 2. AND 3 TO THE STAIN PAGE STRONG BE FILL AL RECORDS	C	olumbia	OF DEATH	6334	4 Ced	cility, gives	ane	ME, OR O1	HER INSTITU		12a USU	JAL OCCU	JPATION DRKING LIFE)	(TYPE OF W	ORK 12b	KIND OF B OR INDUS	TRY
AND 3	13a. S1	M.	135 COUN Ba		TITUTION, GR	13c. CITY	ORTOWN		YES -	NO D		LET ADDR		ood	Rd.	- 2108	87
DEATH. II		THER'S NAME FIRST John	11	reodo		lauen	berg.			FIRST MAIDI			MIDDLE			EAST	
BALTIMORE, MD. 2 85 AFTER DEATH. IF GIVE PAGES 1, 2, A VITH FORM PM 3: 1 VITH FORM P	16a W (YE	AS DECEASED	PEVER IN U.S. ARI	MED FORC WAR OR DATE		705-	-03-82	11Y NO.	Mary	MANT LELIZ	abet	h Fra	ncis	ESS 53	33 K	erger	Rd. 21043
5 5 6 > F. C.		PARTIDE	DEATH (Enter on TH WAS CAUSE IMMEDIA	D BY: TE CAUSE (	(a) Ri	aptur	), and (c).) ed about		al aon	ctic a	neur	ysm				APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
RDS, 201 W. PRESTON S: EXECUTED WITHIN 24 HO NG" IN PENCIL IN ITEM 31 COLA EXAMINER ALONG NBURAL. TRANSIT PERM 1 AND MENTAL HYGIENE WATION, OR REMOVAL.		gave ris cause (a) lying caus		DU	(b)	AS A CON	NSEQUENC	E OF									
S SECTION S	NOI	PART 2 DIHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	G 10 OEATH I	RUT NOT RELA	ATEO TO THE TE	RMINAL DISE	ASE OR CONDITIO	DN GIVEN IN PA	ART 1 to						
F VITAL RE RE SHOULD WORD "PE RE CHIEF N O BE USED A SHITCH HEA O BURIAL, O	CERTIFICATION	190 DATE OF	OPERATION	196	. CONDIT	ION FOR	WHICH OP	ERATION '	WAS PERFO	RMED?			-			20 AUTOPS	NO []
I CATE THE WOLD B STATE STORE OULD B STATE OULD B STATE OULD B STATE OULD B		UNDERLYING	CAUSE WAS OR GOCAUSE OF	DEATH	P.M	. MONTH	DAY YE		HOW INJURY	Y OCCURRE	ED (ENTERI	NATURE OF I	NJURY IN ITEA	M 18 PART 1	OR PART 2		
DIVISIO THIS CERTIF WARDED TO PAGE 3 SHO TATE DEPAI	MEDICAL	214 INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK		e PLACE C STREET, FACT	OF INJURY IORY, FARM, E	(AT HOME,	21f. L	STREE!			CITY OR TO	NWC		COUNTY	Y	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOUND BE FORW AFTER DEATH, WITH THE STAMINORE, MARYLAND, 2		220   Certif death resulte ACTUAL SIGNATURE_	y that I taak charg d Iram: Natur	ge of the re- ral causes		Accident		Auto	, Hami	SPECIFY)	Undet	Inquiry ermined m	nanner	],	ny apinio	4-9-8°	5
MEDIC ECUTE T GE 4 SI FUNE TER DE		EXAMINER'S (TYPE OR PRIN	Ann Ann	м. р	ixon,	M.D			_ADDRESS_	111	Penn	St.,	Bal	to.,	Md.	2120	01
Bb 10   57 4 5 4 8	(5)	Buria	ION, REMOVAL	236 DATE 4-10	-85				or cremat			CATION	1.6.	M	COUNTY		STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	24 FL	ohn (.	Miller J	Inc-0	415 B	Belai	r Rd.	2120	5	AP		198F				NATURE Randal	2

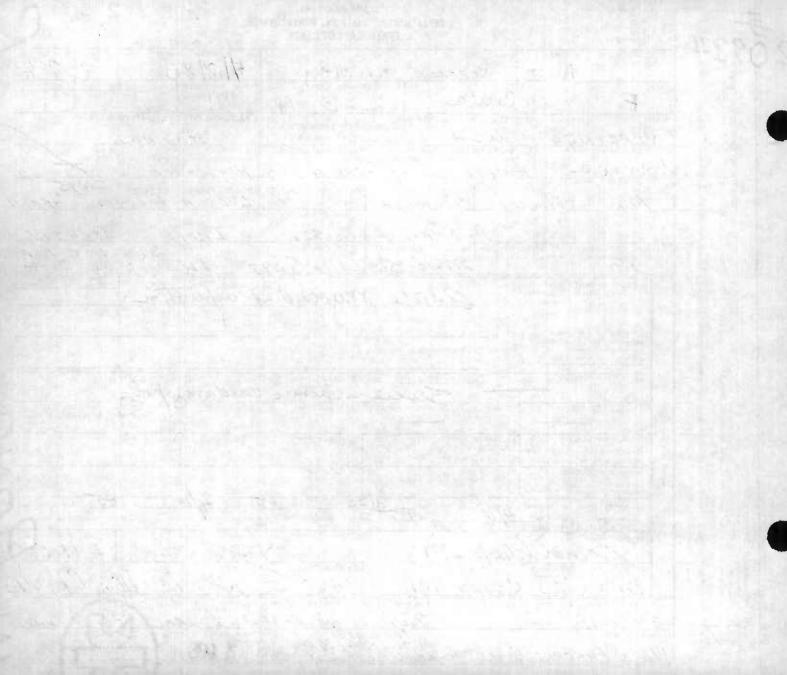
160301

tell a surrey of the principle of the street special field

and the second and the second

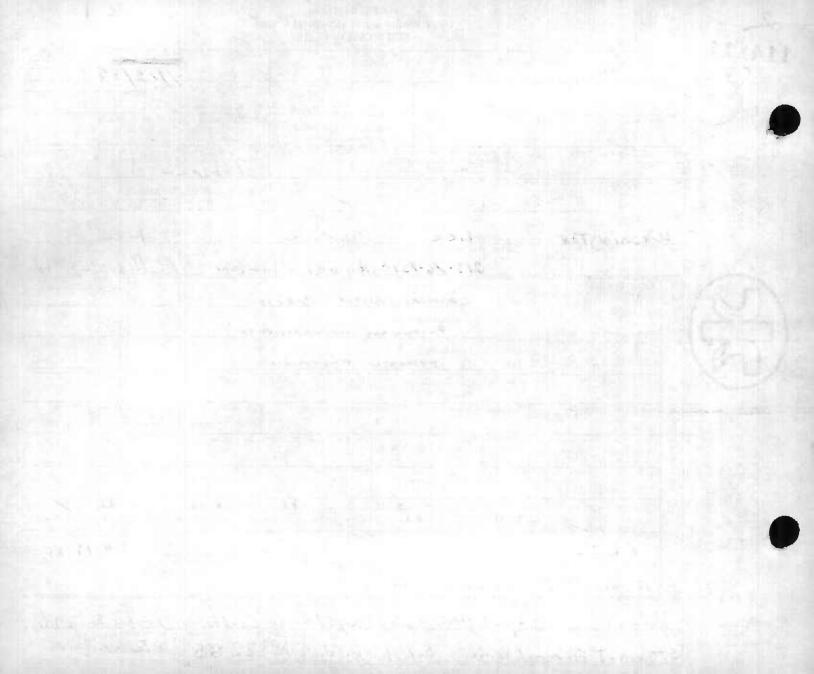
on term Trendore have in wille you has

ohn jenar fjermane hlamens var 7733 jenaet ni 775-73-77 jenaeth namens fjerming i gyds



2	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENT. CATE OF DEAT		REG. N	0.	2	
14111 : /25		OR PRINTI	IRST	MIDDLE	LAS	T	2a	DATE OF DEATH	MONTH DAY	YEAR	5:55AI
You wo	3 SE		THEL 4 RACE	E	5. DATE OF	BIRTH DAY YE	6 A	GE (IN YEARS LAST BIR	NON!	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Sie de la constant de	76 B	RTHPLACE (STATE OR FORE		ACK EN OF WHAT COUNTR	11	- 16-05	- 9 B	7.0 ALTIMORE CITY O	YRS.	DEATH	
deorth	1	ARYLAND		U.S.A	WIDOWED		ED 🔲	HOWARD	CO.		MD
1990	1	COLUMBIA	T		NURSI	NG HOME		USUAL OCCUPATION OF OF WORK FOR MOST OF		2b. KIND OF NDUSTRY	BUSINESS OR
24 hou	13a. S	AL RESIDENCE (IF NURSING STATE MD	COUNTY INST	13 MT LOS E	RSVILI	E INSIDE CITY LIA	MITS? 13e	STREET ADDRESS	ZIP CODE BERNA	ARD I	0R
ed within	TE	Va shins to	WIDDLE	Lee		5 MOTHER'S MAIL FIRST	DEN NAME	WIDDLE	i	LAST	
Puges Control		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FOR FYES, GIVE WAR OR D	ATES)	-7510	A GALLS	Mar	ADDRE	M:1/4	will.	m.l.
ith certificate be adding physical corbon papers, o, or removol.		18 CAUSE OF DEATH II PART I. DEATH WAS IM	MEDIATE CAUSE	TO, OR AS A CONSE	DUENCE OF		are st			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
is that the death ce ed by the attendin please remove carb riol, cremotion, ar.			the DUE	TO, OR AS A CONSE	TIRTHON	PAGOM	20017				
law require ss been sign ermit Then e prior to bu	CERTIFICATION	PART 2 OTHER SIGNIFI		CONDITION FOR WHI	116		2	On AUTOPSY?	206. IF YES, WE	RE FINDIN	GS USED OF DEATH?
N Times of the second		210. ACCIDENT WAS UNDERLO	Transit of the same	TIME OF INJURY OUR A.M. MONTH	DAY YEAR	21c. HOW INJURY		ES NO	YES THE TEN 18 PART I		NO
opending plants certificate this certificate this certificate burial-ifith and Mental carked or them	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e 1	P.M. PLACE OF INJURY OME STREET, FACTORY, OFFI		211 LOCATION STREET		CITY OR TO	wn	COUNTY	SIATE
R ATTENDIN haspital ar RECTOR Aft hed for use as spt of Health tem 21 is mar		220.1 certify that (the saw the deceased a obove, (i) (we) the	s hospital) atten		10	that in (our) o		to 4-15	, 19_ ote and hour and	from the c	
the hitter trache e Dep		226. SIGNATURE			Di	GREE ATTENE PHYSIC	DING MI	ÉDICAL STAI	F	22c. DATES	S-85
HOSPII med b FUNER buld be th the St		Ruaent		TUBLIN	no	??e ADDRESS					
BP	1	BURIAL, CREMATION, RE/	AOVAL 236. DA	ATE 2.	ANTEN (	hape / C	eme (	and town	Dorch	UNITY PS TA-	Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR	year!	Home ADDRES	Palisba	yMd,	APR	D. BY REGISTRAR	250 REGISTRAR	S SIGNATU	JRE MARKET

5 to want funeral Home



STATE REGISTRAR

OR TOWN OF DEATH

DEPARTM	STATE OF SENT OF HEAL CERTIFICA		NT AL HYG	IENE	REG. NO.	1 2	2 2		
WIDDLE	LAST			2a. DATE OF D	EATH MONTH	DAY	YEAR	2h HOUR	
A L	-INDE	RERG	Ee	41218	5			330	PM
	5. DATE OF BI	RTH		6 AGE (IN YEAR	S LAST BIRTHDAY)		ER LYEAR	IF UNDER 24	
IC.	MONTH 2	12	O I	8	3 ,	RS.	S DAYS	HOURS	MIN.
WHAT COUNTRY?	8		nnun 🗆	9 BALTIMORE	CITY OR COL	JNTY OF D	EATH		
	MARRIED X		RCED	HO	WAR	D			MD.
HOSPITAL, NURSING CHEACHTY, GIVE STREET A				12a. USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORK		DUSTRY	BUSINES	SOR
I GIVE RESIDENCE BEFORE	ADMISSION)		LIMITS?	STREET AD	DRESS / ZIP	CODE	E.F	120	ONG
	15	MOTHER'S A	AAIDEN NAA						
-0/E		SI	15A1	y	WIDDIE	Z	FG	LEF	7
166. SOCIAL SECUI	RITY NO. 17	INFORMAN'	(	,	ADDRESS	591	1 17	RINC	1
216.10.01	57 4	NRAL	LIN	DENBI	ERGE,	RI	SEO	PLAF	55
r line far (a), (b), and	(cs.)							MATE INTERVA	ATH
CADDIE	DILLA	100/1	DYA	PAZET			2/1	0 0	

18 CAUSE OF DEAT	H (Enter only one cause p	er line far (a), (b), and (c), (	RAD LINDENBERGE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY.  IMMEDIATE CAUSE (a)	CARDIO PULMON	VARY ARREST	24 hour
Conditions, if any		OR AS A CONSEQUENCE OF	DIAL INFARCTION	
gave rise to immo count to total underlying count	ned-ote 1	OR AS A CONSEQUENCE OF		

Me DIATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NO YES T 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) PM 19

4. HACE

76 CITIZEN OF

11. NAME OF (IF NOT IN SU

OWE OF DEMER PASTITUTION

MEDIE IN U.S. ARMED FORCEST

UE COUNTY BALTO

> 211 LOCATION CITY OR TOWN

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

\$5 , that (1) (we) last

220 I certify that (I) (this hospital) ottended the deceased fram saw the deceased alive on. and that in (my) (aur) opinion death occurred an the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body after deoth. 22% SIGNATURE DEGREE 22c. DATE SIGNED

Wishua P. Kuman

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2.85

KRISHNA P. KUMAR

12808 HICKORY RIDGE RD, COLUMBIA, MD

BURIAL, CREMATION, REMOVAL

25e DATE REC'D. BY REGISTRAR APR 4 1995 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

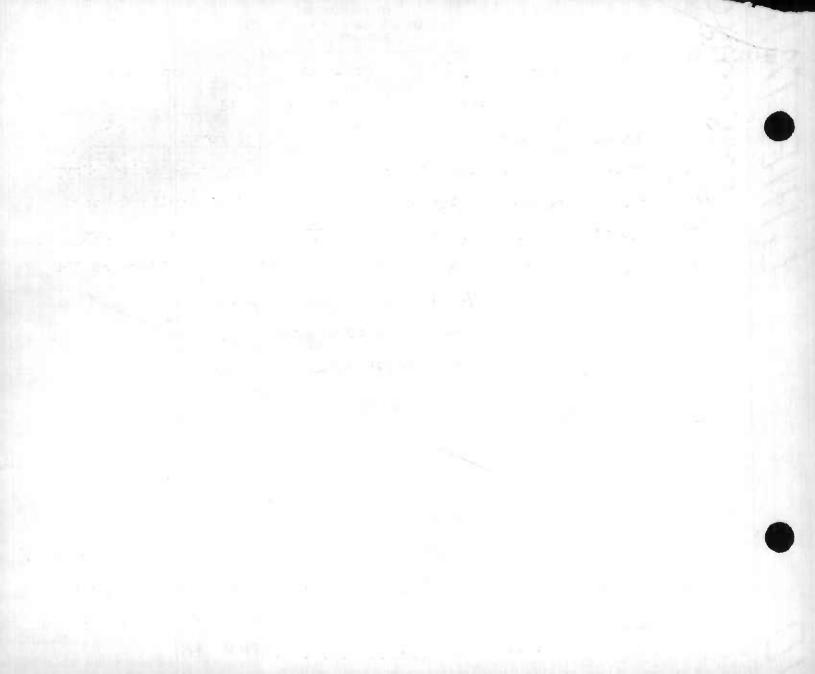
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 108004 REG. NO I. DECEASED NAME KNOWN A Za. DATE MONTH (TYPE OR PRINT) HUN 50 U ESTI-DEATH MATED SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD emale |Oriental 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Hong Kong WIDOWED X DIVORCED Hoba Kona S1, 2, AND 3 TO THE PM 3. RETAIN PAGES ND 2 SHOULD BE FILED WITAL RECORDS, 2. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 3338 DOWN . Chatham Road FOR MOST OF WORKING LIFE! OR INDUSTRY Ellicott City USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 3338 D. N. Chatham Rd 21043 CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Howard Wllicott City 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 IT. PAGES 1 AND 2, DIVISION OF WITA FIRST MIDDLE LAST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 212 08 8810 Alfred Yo Lau 3338 D. N. Chatham Rd No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RRAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to CERTIFICATION ANTING THE WARTING THE WE CHEF ME AGE 3 SHOULD BE USED A! (ATE DE PARTMENT OF HEA THE PARTMENT OF HEA TO BURKAL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO 4 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME, 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFER DEATH, WITH THE STATE DE BALLINORE, AMARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK Inquiry X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted from: Notural couses Homicide Undetermined monner DATE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23d LOCATION April 12'85 Westview Memorial Park Catonsville Cremation Balto. Md. RP 24 FUNERAL DIRECTOR BY REGISTRAR 25% REGISTRAR'S SIGNATURE 5 1985 **DHMH - 17** Harry H Witzke 4112 Columbia RdEllicott City (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

		REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.			
26	1. D	ECEASED NAME FIRST	MIDDLE	LAST		2a DATE OF DEATH MO		26 HOUR	
	1	Jai	mes R.	McCa1mo	ont	Apr	11 5, 1985	10 A M	
	3. SI		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAY		
		male	white	2 22	04	81	YRS.	J. HOURS	
E	7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	9 BALTIMORE CITY OR C	OUNTY OF DEATH		
0		Penn.	USA	WIDOWED D	NORCED [	Howard		MD.	
00		larksville	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 6541 Haviland	Road	MOITUTITE	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Captain—Retired—Navy			
33	13a.	Md. How		ville YES 🔀	NO 🗌	13e.STREET ADDRESS / ZI 6541 Havi	land Ro	024 ad	
3	14. F	Newell	J. McCalmo		's MAIDEN NAM 111ie	WE	Fye	AAST 2	
1	16a	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b, SOCIAL SECTIVE WAR OR DATES!	JRITY NO. 17. INFORM.	ANT	ADDRESS			
/		Yes WWJ	I 215 38	367\$ Sara	a McCa	lmont(Wife)		13E	
	Г	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line far (a), (b), ar	nd (c).I			BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH	
E	1		TE CAUSE 10) A Prhic	anewy	mru	pluse			
	1		DUE TO, OR AS A CONSEQU	ENCE OF					
	1	Canditions, if any, which gave rise to immediate	(b) touc	aneury	pm				
	1	cause (a), stating the underlying cause last.							
	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0							
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BOT NOT KELATE	D TO THE TERM	INAL DISEASE OR CONDIN	ON GIVEIN IN PART	110	
7	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	ORMED		IF YES, WERE FINE I CERTIFYING CAUS YES		
5	CERT	210 ACCIDENT WAS UNDERLYING	THOUSE A ME MONITHE D		NJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2	)	
1	SAL	OR CONTRIBUTING CAUSE OF DE	AIB	19					
	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	FARM ETC.) 211 LOCATO		CILY OR TOWN	COUNTY	STATE	
	1	WHILE NOT WHILE ALL WORK							
	1	22a 1 certify that (I) (this hasp	ital) attended the deceased fram. 25 mau 85 19	111.11	19 80		19 43	. that (1) (we) last	
	1	abave, (1) (we) (did) (did no	at) view the bady after death.		(aur) apinian c	death occurred an the date			
	1	77b. SIGNATURE	O. Blaim	DEGREE	ATTENDING .	MEDICAL STAFF	^ ^	TE SIGNED	
7	-	THE PHYSICIAN'S NAMED TYPE	DEPOSITO	22e ADDRE	PHYSICIAN S	DIRECTOR   PHYSICIAN	10 15/4	m 02	
1	L	TIMOTHY	P. BLAIR	M.D. nar	al Hoz	pital, Bet	resda, N	id.	
	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY	STATE	
	Simon .	Burial	4/13/85 Me	adow Ridge		tery Baltin			
	24	FUNERAL DIRECTOR	i 11800 New Ha		25a DATI	PR 9 1985	CHARLAND SIGN	ATUR Pandell	
		Hinne / Dinald.	11000 Now Ha	mn Ave S.	S. Nd. A	LUA BOO	A		



4000CH	K.	FOR STATE	ז מווטידם ו		DEPARTMENT OF		ND MENTAUL		12	i)
100064		REGISTRAR A	FIRST	rthur	MIDDLE L.	MC	Coy	26. DATE KNOW OF ESTI- DEATH MATER	I 11 1	1985 2 P M
ARY, PLEASE L DIRECTOR. COLOR FILES. COLOR STREET,	3. SEX	14/2	Black	5. DATE OF BIRTH			R 1 YR. IF UNDER	MIN. PRONOUNCED DEAD	MONTH 6	1985 20 HOUR
NECESSARY FUNERAL DIII	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Alabama			U.S.	U.S.A.  8. MARRIED IN NEVER MARRIED   9. BALTIMORE CITY OF COUNTY					only MD.
LAY IS O THE PAGE E FILED		TY OR TOWN O	a	Howard	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) County Gen	eral H		FOR MOST OF WORKING LIFE Ret. Lt. Co.		OR INDUSTRY U.S. Army
21201 2. ANY DEI 3. RETAIN SHOULD BE	13a. S	AL RESIDENCE (III TATE Maryland	136. COUN	YTY			13d. INSIDE (ITY LIMITS?   13e STREET ADDRESS   10747 Evening With		ing Wind	Ct. 21044
PEATH. IF GES 1, 2, WM PM 3.	14. F	ATHER'S NAME FIRST Emmit	t	MIDDLE	McCoy	15.	MOTHER'S MAIDE FIRST Marie	EN NAME MIDDLE	Wa	alker
URS AFTER DEA URS AFTER DEA B. GIVE PAGES WITH FORM P PAGES TAMI DIVISION OF W		VAS DECEASED ES. NO, OR UNKNOW Yes	(IF YES, GIVE	MED FORCES? WAR OR DATES) -1977	16b. SOCIAL SECURIT 423-34-16		INFORMANT Clara McC	Coy - Same as		
W. PRESTON ST., D WITHIN 24 HO ENCIL IN TEM II AMINER ALONG I-RANSIT PERMIT ENTAL HYGIENE, REMOVAL.	z	Canditians gave rise cause (a) s lying cause	ITH WAS CAUSE  IMMEDIA  , if any, which to immediate toting the under e last.	(b) DUE TO, OR	far (a), (b), and (c).)  AP AP - FULL AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TERM	1 Call	ry Gr dio Vigo	RILO.	105°C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL TAL	CERTIFICATION	19a. DATE OF C		19b. CONDIT	ION FOR WHICH OPER			D (ENTER NATURE OF INJURY IN		20. AUTOPSY?  YES NO 🔀
BIVISION OF VII WE THIS CERTIFICATE SI ATE WARTING THE WOOD ORWARDED TO THE C R. PAGE 3 SHOULD BE E STATE DEPARTMENT (2) 21201 PRIOF TO BURN	MEDICAL C	UNDERLYING CONTRIBUTION 21d. INJURY OC WHILE AT WORK	G CAUSE OF	DEATH P.M.	MONTH DAY YEAR 19 OF INJURY (ATHOME, ORY, FARM, ETC.)	21f. LOCAT	ION	CITY OR TOWN	COUNTY	
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST		22a. 1 certify death resulted ACTUAL SIGNATURE  EXAMINER'S N ITYPE OR PRINT	AME The	ge of the remains described causes , , , , , , , , , , , , , , , , , ,		Autapsy vicide	Hamicide	Undetermined manner [  MEDICAL EXAMINER  Coff Coff	DATE SIGNED	45.85
Bb———	(	URIAL, CREMATI Burial	ON,REMOVAL	4/13/85	23c. NAME OF CE	METERY OR C	REMATORY	23d LOCATION CITY OR TOWN Ft. Benning	Chattah	
DHMH - 17 (VR A15 ME (5)) 30M 7/73					zke Funeral mbia, MD. 2		P. AZSO. DATE	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGN	NATURE Randale

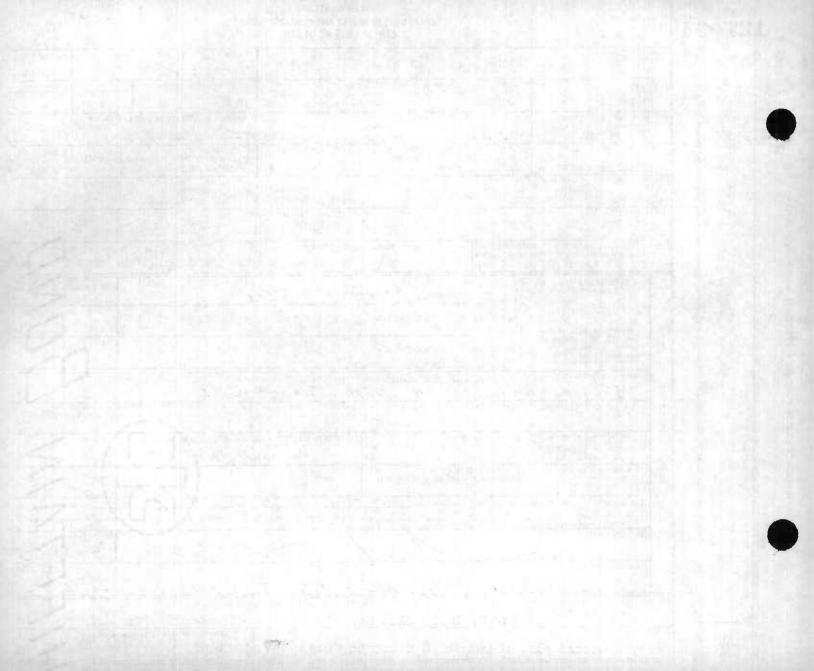
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR & GIGNATURE

24 FUNERAL DIRECTOR

Harry H Witzke 4112 Columbia Rd Ellicott City

DHMH - 16 50M 1/B1

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE

REGISTRAR		DEPART	WENT OF HEALTH AND MENTA PALY OF CERTIFICATE OF DEATH	REG. NO.	
135 DECEASED NAM	DOLORES	MIDDLE V .	O * KANE	20. DATE OF DEATH MONTH	1 85 2:53 P
Female	4 RACE		5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
TIL BIRTHPLACE (	STATE OF FOREIGN 76 CITI	ZEN OF WHAT COUNTRY?	8 29 24  MARRIED NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY Howard County	
Ellic		ME OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET 194-Route 99	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Secretary	126 KIND OF BUSINESS OR
USUAL RESIDENCE	13b COUNTY	13c CITY OR TOW Ellicott	'N 134 INSIDE CITY LIMITS?	3032-E Oak Gre	en Circle 21043
John John	MIDDLE J.	Higgins	15 MOTHER'S MAIDEN NA Dolores		Coyle
160 WAS DECEASE	D EVER IN U.S. ARMED FO OWN) (IF YES, GIVE WAR OR			ADDRESS P. O'Kane - Same	as #1 <del>3</del>
gove rise couse (o), underlying	if any, which to immediate stating the couse lost.	ETO, OR AS A CONSEQUE  (b)  ETO, OR AS A CONSEQUE  (c)  ONS CONTRIBUTING TO 1	Ca metalous	NINAL DISEASE OR CONDITION GIV	2 march
190 DATE OF	OPERATION 196	CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OR CONTRIBUT	ING CAUSE OF DEATH OTHEY MEDICAL EXAMINER) OCCURRED 21e	TIME OF INJURY DUR A.M. MONTH DA P.M.  PLACE OF INJURY HOME STREET FACTORY, OFFICE, F	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 I	COUNTY STATE
220.1 certify	that (1) (this hospital) atte deceased alive on I) (we) (fild) (did not) view to		DEGREE	death occurred on the date and hou	19_80_, that (I) (we) lost or and from the couses stated
27d PHYSICI	AN'S NAME (TYPE OR PRINT)	0011	ATTENDING PHYSICIAN X	The state of the s	4/5/85
230 BURIAL CREM	m C Water	reld mo	900 Cafon	Ave Bolt &	21229

Balto., Md.

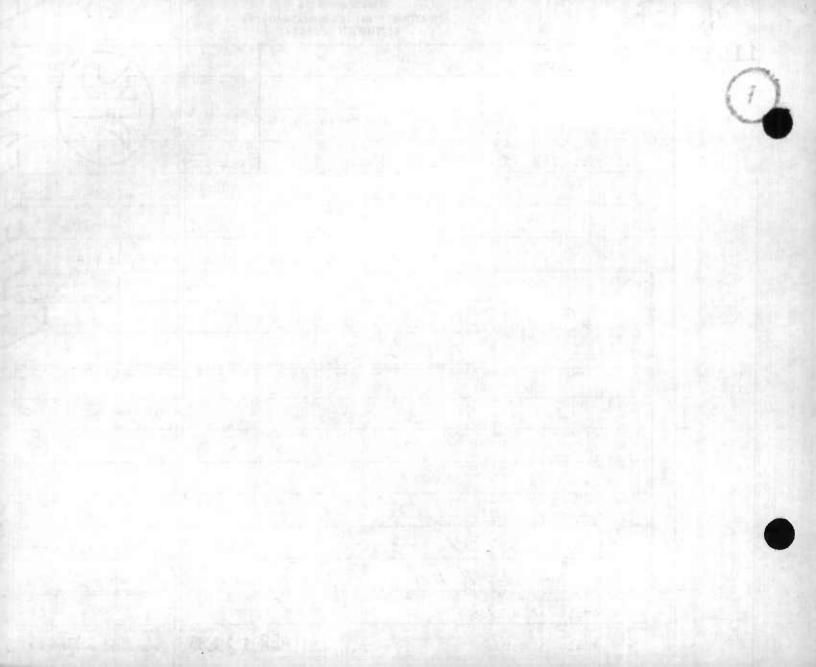
Julia Davidson Pandalla

ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

NAME

Anatomy Board



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL ATGIENT

	1 -	STATE Myrtle	C. Pforr	CERTIF	ICATE OF DEATH	REG. NO	0.		
		CEASED NAME PRST	3.PEORR		ASI	Dog. 1. 21	MONTH DAY YEAR	3 42 AM	
	1.50	Female	CAUC-	S. DATE C	DAY YEAR	SL	HUNDER I VE		
	7a. 93	DUNIST	b. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	-	
7	-	Tyland TYOR TOWN OF DEATH	1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE			126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Superviso)		o of Business or Charities	
1	Ha. 5	THER'S NAME		TOWN	13d. INSIDE CITY LIMITS? YES NO 3	760 220th	zircóbe Street 2	1122	
1	)	John		homas	Mary	WIDDEE		asky	
-		WAS DECEASED EVER IN U.S. ARA HIS HISTORIUHANOWNI IN HE GIVE NO	WAS DE BATTELY Z/9 Z	25007	Geraldine S	nyder Sar	me as 13e		
	N	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions if any which gave rise ha immediate cause (a), stating the underlying course fast  PART 2. OTHER SIGNIFICANT CO	\$2.	OXIMATE INTERVAL EN ONSET AND DEATH					
7	CERTIFICATION	1% DATE OF OPERATION 425/85	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?	
	MEDICAL CES	THE STIME HOTEL MEDICAL CENTRAL CENTRA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)	
	MED	214 INJURY OCCURRED  WHILE AND MOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COUNTY	SPATE	
		22a I certify that (I) (this haspite the deceased after an above, (I) (we) (did) (and not	ate and have and Iram t	_, that (I) (we) last the causes stated TE SIGNED					
1		BANY S.	Arowso N	M.D		tle Portue	ant Parker	y	
	23a 8	URIAL, CREMATION, REMOVAL SPECIFY) Burial	<sup>23b. DATE</sup> 4/29/85	236 NAME OF C	EMETERY OR CREMATORY	Balltown Balltown	(AUNIA	Mtt	
	24 FL	ineral director de Gonce	4001 Ritchio	ess Hgwy E	Balto Md 250 DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE 100	

DHMH - 16 50M 4/83 (VRA 15, 4)

AND THE RESERVE THE PARTY OF TH control of the contro

. 1	+	500			EPARTMEN	STATE OF	MARYLAN	EMPAL HA	CIENE	1 7	29	
	11-	FOR STATE			ICAL EXA			-			Canada	
123067		REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	WIINER 3	LAST	CAILOI		REG. NO.	MONTH DAY YEAR	7b HOUR
AMOUGI		E OR PRINT)	101	n V	1	P	IAT	FR	OF		4-24 1985	-
30 3 3 4 1 A	3. SEX	( [4. RAC	F	5. DATE OF BIRTH		E (IN YEARS IF	JNDER 1 YR.	IF UNDER 2			MONTH DAY YEAR	2d HOUR
2/ Table	1	rule		12-22	34 5		NTHS DAYS		MIN. PRONO DE.	AD 4.	25- 1985	19/5 M
P SEED	7a B	RTHPLACE (STATE OR		76. CITIZEN OF WH	AT COUNTRY?	8 MAI	RRIED NE	VER MARRIE	D A P BALT	IMORE CITY OR	COUNTY OF DEATH	
750	M	aryland		u. s.	Α.		WED	DIVORCE		1000410	County	MD.
Y IS I	TO CI	TY OR TOWN OF DE.	ATH	11. NAME OF HOSE	ITAL, NURSING	HOME, OR O	THER INSTITU	TION	12a USUAL OCC EOR MOST OF V	CUPATION (TYPE OF	OR INDUS	TRY
DELAY STOTH SEFFIL	1 c	olumbia		8907 Tamo	r Drive				Retired	1 Veteras	Air For	ce
	13a. S	AL RESIDENCE (IF IN NOT TATE aryland	113h COUNT		13c. CITY OR TO	OWN	13d. INSIDE (	NO [	13e STREET ADD	oress amar Driv	2104	25
G = 01 m O	_	ATHER'S NAME	110000				15 MOTH	ER'S MAIDEN				-
PATH ST.	Vs	amuel		WIDDLE	Plate	) fr	Ethe	EIRST 2		WIDDLE	Brown	
NO WOOD TO	16a. \	VAS DECEASED EVER	R IN U.S. ARM	MED FORCES?	166 SOCIAL S		17. INFOR			ADDRESS	13.0001	
S. SALTIMORE, MD. 2120) JRS AFTER DEATH. IF ANY B. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETA T. PAGES 1 AND 2 SHOUL DIVISION OF TYTAL REGO		es, no, or unknown)	1954-	-1984	213-34	-6201	Doris	Taze	vell 130	O Aisqui	th St. Apt.	3-D
	-	18 CAUSE OF DEA PART I DEATH V		y one couse per line	or (o), (b), ond	(c).)			1		BETWEEN ON	SET AND DEATH
STON ST., V 24 HOUS N ITEM 18. ALONG W TYGENE, D YOYAL.				E CAUSE (o)	run-pu	mon	erry C	1175				
IN I		Conditions, if	ony which	DUE TO, OR	AS A CONSEOU	JENCE OF	111					
MAN AND AND AND AND AND AND AND AND AND A		gove rise to	immediate	(b) //	uner	5 /06	11174	5				
ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE HOULD BE EXECUTED WITHIN 24 HOURS AFTER DELY PROBLEM IN TEM 18. GIVE PAGE HIEF MEDICAL EXAMINER ALONG WITH FORM USED AS A BURIAL -TRANSIT PERMIT. PAGES 1-AP OF HEALTH AND MENTAL HYGENE, DIVISION OF RAAL, CREMATION, OR REMOVAL.	13	lying couse lost		(c)	is a conseol	JENCE OF						
FUTAL RECORDS, TE SHOULD BE EXECT WORD "PENDING". HE CHIEF MEDICAL 10 BE USED AS A BUR ENT OF HEALTH AND	1,	PART 2 OTHER SIGNIFICATION	NT CONDITIONS C	CONTRIBUTING TO DEATH B	JT NOT RELATED TO	THE TERMINAL DIS	ASE OR CONDITIO	IN GIVEN IN PART	T 1 (a)			
A SEALT	Ē	19a. DATE OF OPER	ATION	Ties CONDIT	ON FOR WHIC	H ODER ATION	WAS DEDECT	DAVEDS			20. AUTOPS	vo
SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOW TO CHIEF FOR SHOWING SH	1 5	190. DATE OF OPER	ATION	198. CONDII	OIN FOR WITH	HOLLKATION	WASTERIO	WILD:				
VITA SHO VORD VORD VORD VITO VITO VITO VITO VITO VITO VITO VITO	E	21a. EXTERNAL CAL	ISEWAS	21b. TIME OF	NJIIPY	1216	HOW IN ILIP	CCUPPE	LENTER NATURE O	F INJURY IN ITEM 18 PAI	YES _	NO
N STANTON	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR	HOUR A.M.	MONTH DAY		11011 11001	OCCORNED	, (2.112111111111111111111111111111111111			
CERTIFING DED TO TRING TO THE TOTAL TO PRICE TO THE TOTAL	WEDI	21d INJURY OCCUP	RRED T WHILE	21e PLACE C STREET, FACT	F INJURY (AT DRY, FARM, ETC.)	номе, 211	STREET		CITY OF	RTOWN	COUNTY	STATE
#3484°		WHILE NOT	WORK	J								
ATE, ORV		22a I certify that	I took charge	e of the remains desc	ribed abave, he	eld an Aut	opsy .	Inspection	. Inqu	iry X, ond	in my opinion	
MAN SE		deoth resulted from	m: Notur	ol couses 🔼	Accident .	Suicide	], Homi	cide .	Undetermined	monner ,		
DIE WITH			2	27	11	1	TITLE	SPECIFY)			DATE 42	5-85
K H H H H H H H H H H H H H H H H H H H	-	ACTUAL SIGNATURE	Mon	as of	ture		M.D/	eguty	MEDICAL EX	AMINER	SIGNED 2	J-0)
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERLA DIRECTOR: PAFTER DEATH, WITH THE SIT BATTIMORE, MARYIAND, 2	1	EXAMINER'S NAME (TYPE OR PRINT)	Tho	mus F	Herbe	rt MD	ADDRESS_	Ell,	cott 1	ER Med	20043	
DAY OF A	23a. B	URIAL CREMATION.	REMOVAL 2		23c. NAME	OF CEMETERY		ORY	23d LOCATION	N	COUNTY	STATE
BP	1	SPECIFY) BUT	ial	5-1-85	Balti	more No	it'l ce	emeteri	23d LOCATION CHY OR TOWN	nore	Maryl	
DHMH - 17	24 F	UNERAL DIRECTOR	4	ADDRESS				250. DATE R	EC'D. BY REGIST	TRAR 256 REGIST	RAR'S SIGNMEURE	e.
(VR A15 ME (5))	6	silen - Dous	JoseFul	mul Home	1348 N.	Calhou	in St.	MAI	1 198	D June		
20M 4/82	-											

A SECTION OF ad-middig teathroot first asset 200 25-1-5 Sajan Service Control of the Control of th

FOR

24 FUNERAL DIRECTOR

Lergy W. & Russell C, Witzke Funeral Homes 5559 Twin Knolls Road, Columbia, Md. 21045

DHMH - 16 50M 4/83

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

125.12.60 

## STATE OF MARYLAND

	1	3	

		REGISTRAR				CEKITI	ICATE OF	PEAIN	REG.	NO.		
,	I DEC	CEASED NAME	FIRST	A	MIDDLE	1 - ( - 1 - 1 - 1	AST		20 DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
-	(TYPE	OR PRINT)	1 1		0	P	- 1		E 20 20 20 20 20	11 1	A . Q	Maria
		/5.0	becl	- (	e	ne	ea			7-3	0-03	11202 BW
	3. SEX		1	RACE		S. DATE C		YEAR	6 AGE LIN YEARS LAST	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1		mple		CAUCA	SION	5	6	15	69	YRS.		
70		RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTR	RY? 8	N NEVEN	MARRIED -	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
00	· 0,	OUNTRY)		II S A		MARRIE		NORCED	14.	hand	Count	MD.
1		Virginia IY OR TOWN OF DEA	TH 1		OSPITAL, NUR				120 USUAL OCCUPA	TION	12b. KIND	F BUSINESS OR
/	(	clumbia	7	(IF NOT IN SUC	LACE OF STR	REET ADDRESS)	Gen. N	eso.	PO XUE OF	OF WORKING &	LIFE) INDUSTRY	
0		AL RESIDENCE (IF NURS						1	I. senser appear			
1	13a. S	IAIE A	136. COUN	·	136 CITY OR TO	1. 1	YES X	NO [	13e.STREET ADDRESS	J ZIP COD	e le lele	Dialle
4	SAFA	THER'S NAME	1 par	ARO	Louis	NOIA		S MAIDEN NA	MF 1000 CR1	10 LE ICE	CK Way	2/045
4	HTA	FIRST		IDDLE	LAST		IJ. MOTTER	FIRST	MIDDLE		LAS	л
0	Lã	ate Jzmes	E.Ree	ed		40.000	late	CArry				
1		VAS DECEASED EVER			166. SOCIAL SE	CURITY NO.	17 INFORM	INA	ADD	RESS		
	{ Y	Yes Yes	WW	WAR OR DATES)	224 03	7955	Mrs Z	ora Ree	d 7080	Cradle	erock Wa	
		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b),	ond (ci.)					BETWEEN	MATE INTERVAL ONSET AND DEATH
Н		PART I. DEATH W	'AS CAUSED	BY:			MONNO	MARK	77			
			IMMEDIATE							7-17-		
				DUE TO, OI	R AS A CONSEC	-0						
	3-1	Conditions, if ony,		(b)		brown	nun					
		couse (o), stotin	g the	DUE TO, OI	R AS A CONSEC	DUENCE OF						
	2	underlying couse	lost.	( (c)	<	moun	(	OPD				MEAL
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING T	TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR CO	NDITION G	IVEN IN PART 10	5
	NO											
1	FICATION	19g DATE OF OPERAT	TION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	4GS USED
1	FF	200							VEC TO NOT		IFYING CAUSES	
	CERT	210, ACCIDENT WAS UND	VEBLYING (	216. TIME O	EINIHIDY		Tale HOW IN	DUBY OCCUP	YES NO		ES _	NO 🗌
A		OR CONTRIBUTING		110110 4	M. MONTH	DAY YEAR	ZICHOWI	JORT OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDIC		P.,	M.	19						
	9	214 INJURY OCCURE	RED	21e PLACE	OF INJURY		211 LOCATE		CITY OR	TOWN	COUNTY	STATE
	X	MHILE NOT WH	RK -	(AT HOME, SIR	RET PACIONT, OFFI	CE PARM, ETC. J				V-13		
		22a 1 certify that (1)		all attended the	e deceased from	m 4-2	4	10 83	to 4 -	3.	19.85	that (I) (ve) last
		sow the decease			015	ET	nd that in (my	(per) opinion	death occurred on the	date and ha	our and from the	couses stated
	53	obove, M(we) (c	did) (did net	view the body	ofter death.		DEGREE		A-7-11-11-11-11-11-11-11-11-11-11-11-11-1		22¢ DATE	
		228. SIGNATURE	/					ATTENDING	MEDICAL _ ST	AFF	ZZE DATE	SIGNED
	- 53	14	-					PHYSICIAN [	DIRECTOR   PHYS	ICIAN 🗌		
		224 PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRE	SS	205.		2	
		Rober	+ 6	podula	miD	),	Steve	WS Force	ST Prof. Cti	e. al	, md.	
10		BURIAL, CREMATION,	REMOVAL	23b. DATE		3c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			
-17	(	SPECIFY)			70	Crestla	wn		CITY OR TOWN	House	Marer	STATE
	24 FI	Burial JNERAL DIRECTOR		May 3	1985	or corra	****	25a DAT	E REC'D. BY REGISTRA	Howard		
		NAME	,	20	ADDRES				W O was	21.	Marie I.	Dan Page
	Ha	arry H Witz	zke 41	12 Colu	imbia Ro	Ellico	tt City	7	AT Z THE	T. War	MACAT COMP	Vallerand

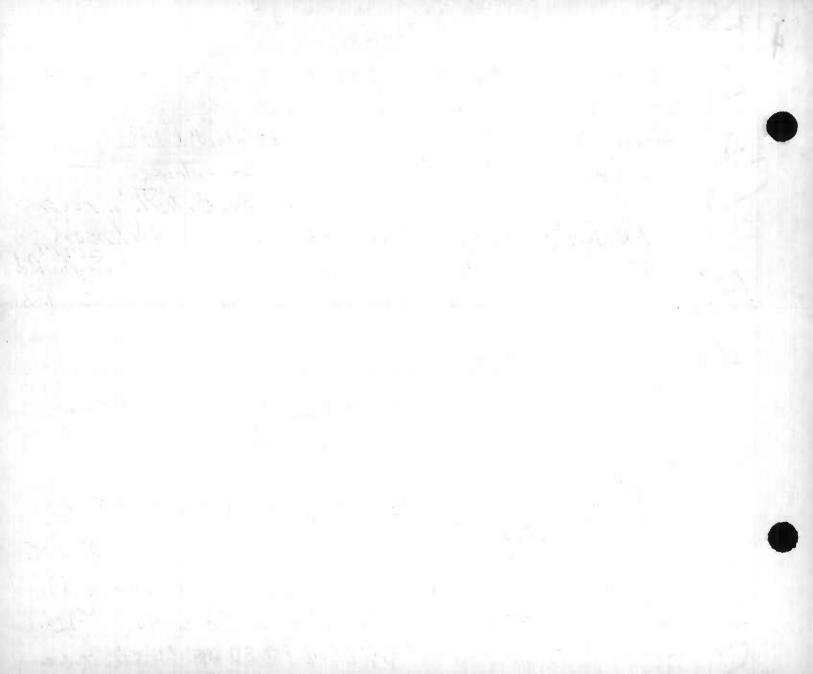
DHMH - 16 50M 4/83 (VRA 1S, 4)

should be detoched for use as the burial-fronsit permit with the State Dept. of Health and Mental Hygiene pri

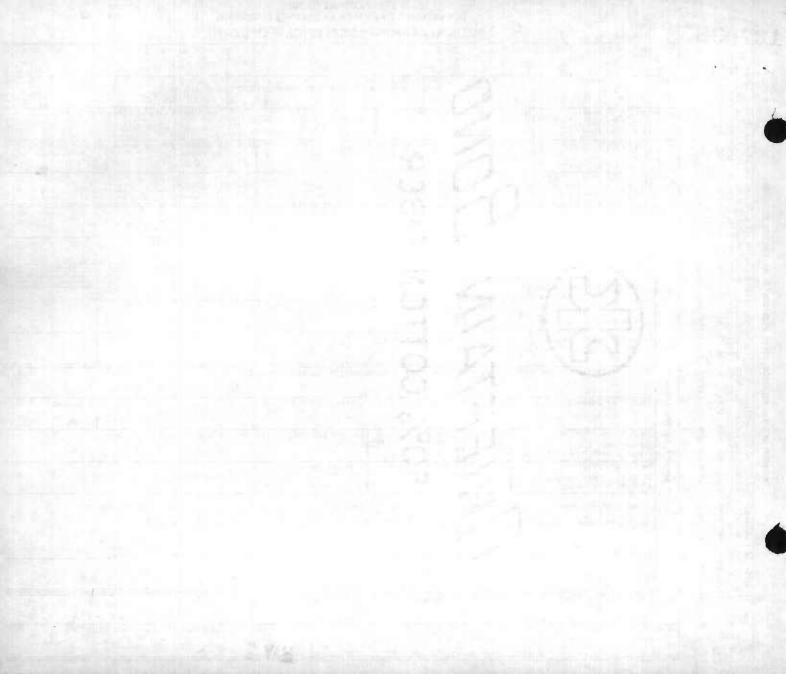
SECTION AND ADDRESS OF THE PERSONS then were marked the first

(VRA 15, 4)

STATE OF MARYLAND

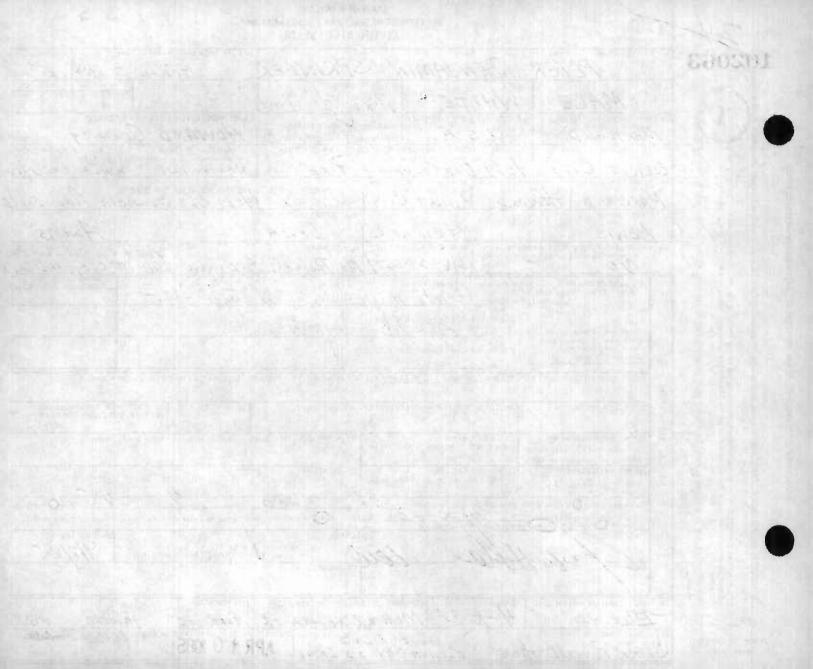


	10		FOR	5-22	a 5/22	2/85 mtb		3 STA		ARYLAN		KGIENE	1 1	1	3 3		
12	7038 <sup>y</sup>	1	STATE REGISTRAR			M	EDICA	L EXAMI	NER'S	ERTIFIC	CATEC	F DEATH	REG	6. NO.			
	3 0,00		CEASED NAM	E	FIRST		MIDDLE			LAST			DATE KNOW	V MON	TH DAY	YEAR	2b. HOUR
-	5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	,,,,,	CORTRINE		Judit	h	Rav		Se	tzer		D	OF ESTI-	XX 4	-24	1985	
	PLEASE CTTOR. FILES. FOURS	3. SE	X	4. RACI		5. DATE OF BIRT	H	6. AGE (IN Y	EARS IF UN	DER 1 YR.			DATE	MONT	TH DAY	YEAR	2d HOUR
1	ARY, PLEASE LEDIRECTOR. YOUR FILES. IN 72 HOURS NOW STREET,		'emale		íte	Sept 28	, 194	10 44	YRS. MONT	S DAYS	HOURS		NOUNCED DE AD		-25	1985	4:20 p. M
0	DELAY IS NECESSARY TO THE FUNERAL DIR TO THE FUNERAL DIR TO PAGE 5 FOR YOU BE FILED. WITHIN 72 DS. 201 W. PRESTON		RTHPLACE (S DREIGN COUNTRY) N. Caro	olin	a	76. CITIZEN OF	WHAT CO	UNTRY?	8 MARR WIDOW	ED NE	VER MARR	ED LX	Howard	_		DEATH	MD
	HE FIGE	1	ITY OR TOWN		TH	11. NAME OF H	OSPITAL, I	NURSING HON	AE, OR OTH	ER INSTITU	TION	12a. USUAL C	OCCUPATION OF WORKING LIFE)	(TYPE OF WOR	RK 12b KI	ND OF BUS	SINESS
	PA P		columbia			5862 N	orni	ng Bird	Lane				None				
	RETAIL RECOR	13a. S	ryland	(IF IN NUF	HOW	other institution	13c. C	ITY OR TOWN		13d. INSIDE C	NO []	13. STREET /	ADDRESS . Morning	g Bir	d Lar	ne 21	1045
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	NON STA		ATHER'S NAMI Rymond		tzer	WIDDLE		LAST		IS. MOTH	er's maide Ruth	( Henl	ey) Jo	ones		LAST	
WO	FORM POST ON	16a \	WAS DECEASE	D EVER	IN U.S. ARM		16b. S	OCIAL SECURI	TY NO.	17 INFOR	TNAM		ADDR	ESS	123	21045	5
ALT			lo .		1	, , , , , , , , , , , , , , , , , , , ,	213	3 36 02	29	Mrs	Ruth	Setzer	Jones	5862	Morn	ing E	3ird
ST., P	£ ~ ≥ . · O	13	18 CAUSE C	F DEAT	AS CAUSED			(b), and (c).) Lptyline	e into	vicat	ion	ATT S				PPROXIMATE WEEN ONSET	
TO	V 24 HO N ITEM ALONG IT PERM YGIENE		A1.00		IMMEDIAT			ONSEQUENCE		MICUL	TOH						146
g.	AER AREM				iny, which	(b)									11 71		
01 W.	ULD BE EXECUTED WITHIN 24 HOU."PENDING": IN PENCIL IN ITEM 18 FED AS A BURIAL TRANSIT PERMIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.			stoting	the <u>under</u> -	DUE TO.	OR AS A C	ONSEQUENCE	OF								
0S. 2	AND ATION		PART 2 OTHER S	GNIEICANI	CONDITIONS	ONTRIBUTING TO DEA	TH BUT NOT I	PELATED TO THE TER	MINAL DICEAC	OR CONDITIO	N CIMEN IN BA	NY 1					
COR	MEDING MEDING MEDICAL AS A BUI EALTH AN CREMATI	NO						ALLEN TO THE TER	MINAL DISEAS	OK COMOTTO	N GIFEN IN FA	KI I O					
7	AL. O. AL.	CERTIFICATION	19a. DATE OF	OPERA	TION	19b. CON	DITION FO	OR WHICH OPE	RATION W	AS PERFOR	MED?				20 ,	AUTOPSY?	
N N	SHOUL CHIEF SE USED SURIAL	TIE														YES 💢	NO 🗆
0	THE WENTER		UNDERLYING					TH DAY YEA	AR				E OF INJURY IN ITE	M 18 PART 1 OF	R PART 2)		
Sion	SHOR SHOR	MEDICAL	TIA INTILIPY	CCLIBE	ED	21a DIAC		RY (ATHOME		LOJECT	inge	ested d	rug				
DIVI	E. WRITING THE WORD "PR RWARDED TO THE CHIEF P FAGE 3 SHOULD BE USED. STATE DEPARTMENT OF HE.	ME	WHILE AT WORK	NOT	WHILE [2	STREET, F	home	M, ETC.)	586	TREET	ning		ortown a. Colu		COUNTY HOW	. Co.	STATE
	R: PA NR: PA R: PA E STA D, 21					of the remains	described o	have held an		у Х.	Inspection		quiry .	and in my			
	AND HELD TO THE NAME OF THE NA		death result	1		al causes	Afide		uicide 🔀		ide .	Undetermin		],	rapinian		
	DIRE WIT		ACTUAL	XIIn		107	1	0/2)	10	TITLE (S							
	SHE ATT	-	SIGNATURE.	ul	LLL	md X	Jul	7111	Meh	D ASS	istan	E_MEDICAL	EXAMINER	DA' SIG	SNED	4-26-	85
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STAND A SHORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI		Den	nis F. S	Smyth	, M.D.		ADDRESS_	111	Penn St	., Bal	to.,	Md.	2120	1
	DAY DAY	23a.B	URIAL, CREMA	_				NAME OF CE				23d. LOCAT	nsvill		COUNTY	STA	TE
07/84 25M	BP// 5/	24 F	Cremat:			April 29	1,82	Westvi	ew Mei				ISTRAR 25b. R				Land
	DHMH - 17 (VR A15 ME (5))		NAME		ko 41	ADDR	ess his a P	d Fllic	ottoi		A SAP	Seek .	TOTAL COL	. Jane	AMA	The Land	



120925		FOR STATE			DEPARTMENT O	FHEALTI			1/3	4
4	1. DE	REGISTRAR CEASED NAME & OR PRINT)	Mary		MIDDLE TRANS	NEK.2	Smith	2a. DATE OF	REG. NO.  KNOWN MONTH ESTI- MATED 2	DAY YEAR 26. HOUR 20.19.55 51.
ARY, PLEAS DIRECTOR TOUR NUE ON STREET	-	male Wh	ite S.	DATE OF BIRTH	YEAR 6. AGE (IN LAST BIRTI	YEARS IF UI HDAY) MONT YRS.	NDER I YR. IF UND	DER 24 HRS. 2c. DATE MIN. PRONOUL DEAL	NCED 4-20	DAY YEAR 2d. HOUR D 1965 SPM
AY IS NECESS THE FUNERA AGE 5 POR FILE, WITHIN	Ma	RTHPLACE (STATE OF REIGN COUNTRY)  REGEN COUNTRY)  TY OR TOWN OF DE	ts	U.S.A.	PITAL, NURSING HO	WIDOV		RRIED U	HOWAY	
SS SE TOPE		lumbia		10625 H1	gh Beam Co	ourt		Homemak	RKING LIFE)	OWN Home
D. 21	Ma 14. F/	TYLAND ATHER'S NAME FIRST	Howa	rd	Columbia  LAST		13d. INSIDE CITY LIMITS YES NO 15. MOTHER'S MA	□ 10625 H	igh Beam Co	ourt 21044
IMORE, FITER DE F PAGE F PAGE F S I AN	16a. V	William  VAS DECEASED EVE ES, NO, OR UNKNOWN)  S - Navy		R OR DATES)	Grant 166. SOCIAL SECUR 020-12-12		Margarot Margarot		ADDRESS (Daughter)	Sullivan
ED WITHIN 24 HOLPENCH IN TEM 18 KAMINER ALONG VAMINER ALONG VAMINER ALONG VAMINER ALONG VALL REMOVAL.	10	18 CAUSE OF DEA	ATH (Enter only on WAS CAUSED BY IMMEDIATE (  ony, which immediate ag the under-	one couse per line Y: CAUSE (a) DUE TO, OR (b)	for (a), (b), and (c), )  AS A CONSEQUENC  AS A CONSEQUENC	A	TMAIGATEL	r. raivis	(Daughter)	Same as 13e  APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 30 S. CERTIFICATE SHOULD BE EXECUT ITING THE WORD "PENDING" IN SOBO TO THE CHIEF MEDICAL ES E. 3. SHOULD BE USED AS A BURIL E. DEPARTMENT OF HEALTH AND A PRIOR TO BURIAL, CREMATION, O	CERTIFICATION	PART 2 OTHER SIGNIFICA			IUT NOT RELATED TO THE TE			N PART 1 (a).		20. AUTOPSY?  YES □ NO □
DIVISION OF VIT S CERTIFICATE SI STITING THE WOR RDED TO THE E 3 SHOULD BE E DEPARTMENT ( PRIOR TO BURLA	MEDICAL CERT	21a EXTERNAL CAU UNDERLYING CONTRIBUTING 21d. INJURY OCCUI WHILE AT WORK	OR CAUSE OF DEA	21e PLACE C	MONTH DAY YE	21f. LC	OW INJURY OCCUI	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PAI	RT 2)
MEDICAL EXAMINER: THIS CUTE THE CERTIFICATE, WE SE A SHOULD BE FORWAL FUNERAL DIRECTOR: PAG FOR DIRECTOR: PAG FOR DIRECTOR: PAG FOR DIRECTOR FOR DIR		22e. I certify that death resulted from ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	Pobert  Rate	f the remains described by the remains describ	ribed obove, held on	Autop Suicide	Inspecial Inspecial Inspecial Inspecial Inspecial Inspecial Inspecial Inspecial Inspectation Ins	Inquiry Undetermined m	onner ,	
PE E DHMH - 17 (VR A15 ME (5)) 15M7/77	24. FL	PECIFY Burial  UNERAL DIRECTOR NAME  Gasch's	4	/25/85	Arlingto	on Nat	ional Cer	23d LOCATION CHYORTOWN FORE MY	er Arling	ot on walkerinia

Managements C.L.. 19623 Mish Reny Court | Homomatus final grade of Live inch | 1 to a non- a nonely of



	1.							MARYLAND		1 1	1 "2	A	
0	1/2-10		FOR			DEPARTMENT O	F HEALT	H AND MENTAL	HYGIENE	1 1	1 0	Q	
3	100		STATE REGISTRAR		ME	DICAL EXAM	NER'S	CERTIFICATE	OF DEATH	4	EG. NO.		
-	ADDOCT		EASED NAME	FIRST		MIDDLE	II VIGIN D	CERTIFICATE		1/6			
	100045		E OR PRINT	riksi		WIDDLE		LASI	20	OF EST	HINOW X X NA	DAY YEAR	26 HOUR
	35 S S S S S S S S S S S S S S S S S S S			Jea	enne Mo	rrie		Van Pelt		EATH MATE	ED 🗆 1	6 19 85	5   44
9	#P#5#	3. SEX		4 RACE	5. DATE OF BIRTH		YEARS IF U	NDER 1 YR. IF UND	ER 24 HRS 2c.	DATE	MONTH	DAY YEA	R 2d HOUR
	Factor 1		200		MONTH DAY	YEAR LAST BIRT		THS DAYS HOURS		NOUNCED	1	6 91	
	1888 A	fem	ale	white	11-5-196	30 24	YRS.			DEAD	4	6 ,, 8:	4:23/
1774	3 2 3 77	la. Bl	RTHPLACE (ST	ATE OR	76 CITIZEN OF W	HAT COUNTRY?	1	RIED TO NEVER MA	9 B	ALTIMORE C	CITY OR COUN	TY OF DEATH	
	世帯は世界		REIGN COUNTRY)		710	A		-	-	How:	ard Cour	ntv	
	2515		ryland		USA				RCED [				MD.
	○本名品	D. CI	TY OR TOWN	OF DEATH	III. NAME OF HO	SPITAL, NURSING HO	ME, OR OT	HER INSTITUTION	17a. USUAL	OCCUPATIO	N (TYPE OF WORK	OR INDUS	STRY
	353EV	Mar	rriotts	111770	Marriots	VILLE RO SC	outh c	of MD 99	Domes	3+10 01	ngineer		7110
	SEZ WE	PESUA	RESIDENCE	LE IN NURSING HOME O	R OTHER INSTITUTION O	GIVE RESIDENCE BEFORE ADM			Dome	1000 01	ig orices		
	0 \$925934	13a. S		136 COUN'	TY	13c. CITY OR TOW!		13d. INSIDE CITY LIMITS	13e. STREET	ADDRESS			
	21201	Ma	ruland	Balt	imore	Owings Mi	ills	YES NO	c 4812	Deer 1	Park Rd.	2111	7
3.00	MD.		THER'S NAME					IS MOTHER'S MA	IDEN NAME				
		1	FIRST		MIDDLE	LAST		FIRST		MIDDLE		LAST	
	DEA GES GES		Everett			Jarvis		Lillia				Vilson	
		169.V	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17. INFORMANT	Owings N	11778 ADI	DRESS MD	21117	
	BALTIMG IS AFTER GIVE PA TITH FO PAGES IVISION		4.4	(W YES, SIVE	WAR OR DAILS)	219-70-97	700	Timothy .	Dan Vanl	Do7+	1979 Da		PA
			IVO					IT MINO MILLS	nay vari	.600	TOTA DEC		ATE INTERVAL
	ON ST., I 24 HOUR ITEM 18. (ONG WI ONG WI SIENE, DI VAL		PART I DE	ATLIBATAC CALICEE	DIV	ne far (a), (b), and (c).)						BETWEEN ON	ISET AND DEATH
	W. PRESTON ST WITHIN 24 HOI FENCIL IN ITEM 1 MINER ALONG TRANSIT PERMI SINTAL HYGIENE, OR REMOVAL.		0 4	A IMMEDIAT	E CAUSE (a) C	ranio Cer	vical.	Injury					
	5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	17	811			R AS A CONSEQUENC							-1-1-
	SE S	-	Condition	s, if any, which									
	A A SA			e ta immediate	(b)								
	<b>★</b> ~ # # # # # # # # # # # # # # # # # #		cause (a) lying cau	stating the under-	DUE TO, O	R AS A CONSEQUENCE	CE OF						
	UTED IN P EXA EXA ON, O		Tyling cub	se rusi.	(6)								
	S SECTION S		PART 2 OTHER CH	CHIEICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE T	COMINAL OKE	of an countries over					
	L RECORDS, 201 W. PRESTON ST.  ULD BE EXECUTED WITHIN 24 HOL  "PENDING" IN PENCIL IN ITEM 18  F MEDICAL EXAMINER ALONG  F MEDICAL EXAMINER PENNIT  HEATTH AND MENTAL HYGIENE.  IL, CREMATION, OR REMOVAL.	7	· ART I OTHER SH	on texas conditions	CONTRIBUTION TO DEAT	BOL NOT RECYTED TO THE I	ERMINAL UISEA	ISE OIL COMBILION BIVEN IN	PARI I (g).				
	MEDIO BE LE BENDE	₫											
	그 그 그 그 그 그	3	19a. DATE OF	OPERATION	196 COND	ITION FOR WHICH O	PERATION	WAS PERFORMED?				20 AUTOPS	Y?
	₹ obsings	Ĕ										VEC IX	X NO [
	F VITAL RE TE SHOULD WORD "PE TE CHIEF A TE	CERTIFICATION	21a EXTERNA	L CAUSE WAS	21b. TIME C	OF INJUIDA	1 21c A	OW INJURY OCCUR	ODED SENTER MATER	DE OF BUILDING	TT-14 10 0 407 1 00 0		. 140
	PANEL AND THE PANEL OF THE PANE		LINDERLYING	. Doe	HOUR A.	M. MONTH DAY YI	FAR					-	
	S FFOORS	3	CONTRIBUTI	NG CAUSE OF E	DEATH 3 . 38A	M 4/6 198	85 00	ccupant/au	to/lost	contr	of/roll	over	
	FRTIFIC ING THE ING THE S SHOW EPART	MEDICAL	21d, INJURY C	CCURRED	21e PLACE	OF INJURY (AT HOME	. 21f LC	OCATION					
	DIVISION HIS CERTIFIC WRITING TH ARDED TO AGE 3 SHOU ATE DEPART TO 1 PRIOR	1	WHILE	NOT WHILE		CTORY, FARM, ETC )	14	STREET		TY OR TOWN	House	rd Co.,	MAD STATE
	E. WRITING THE WOR WARDED TO THE CRATTE CPARTING THE WOR WARDED TO THE CA STATE DEPARTMENT OF THE CA S		AT WORK	AT WORK	x hi	ghway	ylar	riotsvill	e Ka 50	01 99,	пома	ru co.,	MD
	CATE, FORV. FORV. D. C.		22a Lcertii	y that I taak chara	e of the remains de	escribed abave, held a	n Auta	psy XX Inspec	tion .	nguiry .	and in my a	nunian	
	ÃQ⊼ SI	1										pinan	
	EXAMIN CERTIFIC ULD BE DIRECT		death resulte	ed fram: Natur	al causes 🔲 ,	Accident XX,	Suicide	, Hamicide	J. Undetermi	ined manner	L.		
	MAN PER CER			11	. 0	[]		TITLE (SPECIFY)				A 10 10	-
	THOME.		ACTUAL SIGNATURE	Mouse	to lib	eybull.		M.D. Assista	nt MEDICAL	LEXAMINER	DATE	4/6/8	5
	3 F 2 8 7 8	1		1	000	0.000				E EMPINIO VEIX	31014		
	MEDICA CUTE TH SE 4 SHC FUNERA ER DEAT		EXAMINER'S	NAME		1/05011	M D	111	Penn S	troot	Balto	MD 2120	1
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUNERAL D. AFTER DEATH, BALTIMORE, M.		(TYPE OR PRI		rgarita						Dai i o	TID ZIZ	
		23a. Bl	JRIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c NAME OF	CEMETERY	OR CREMATORY	23d. LOCA CITY OR IC	NOIT	cou	YTHI	STATE
0	7/84 BP				4-9-85	Dulaner	1 Val.7	ey Memoria	al Timor	rium I	Baltimo:	re MD	U-YOU
	M 5,	24 FL	JNERAL DIREC	TOR Lorina	Buers Fr	moral mine	entons	720 250. DA	TE REC'D. BY REC	GISTRAR 256	REGISTRAR'S	SIGNATURE	
	DHMH - 17	87	DA Tih	ntu Da	Parada 11	stown, MD	97777	2 4 6	מה	6	A. 200 .	50 .	
	(VR A15 ME (5))	01	ao nobe	Trug III.	nanaatt	o with MID	21196	A	PR R	002	Established a	Binda	Chara.

DHMH -

	ST	A'	ΓE	OF	M	AR	YL	AND	
RTMENT	n	F	HE	ΔI	TH	AN	D	MENT	Δ1

DEPAR

1 4.20	- STATE REGISTRAR	<i>V</i>	CERTIFICATE OF DEATI	REG. NO.	
	ECEASED NAME FIRST PE OR PRINT) MARY	B	WATTS	APRIL	9 1985 2:0A
1.56	EX F	4 RACE	5. DATE OF BIRTH  MONTH  SEPT. 23 190	6 AGE [INYEARS LAST BIRTHDAY]	FUNDER I YEAR FUNDER 24 HR MONTHS DAYS HOURS MIN
	BIRTHPLACE   STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN		ED . SALTIMORE CITY OR CO	
9	CITY OF TOWN OF DEATH	U. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE:	URSING HOME OF OTHER INSTITUTION		KING LIFE INDUSTRY
20	UAL RESIDENCE (IF NURSING HOME OF STATE 134 COUL		BEFORE ADMISSION] 13d. INSIDE CITY LIA 1/4 // YES NO		CODE AVE 212
0300	FATHER'S NAME PAVID FRANK	LIN HARRIS	IS. MOTHER'S MAIE  FIRST  ANA  ANA  ANA  ANA  ANA  ANA  ANA  A	+ ALICE	MODRE
T Ladio		RMED FORCES? 166 SOCIAL VE WAR OR DATES! 212.3	SECURITYNO. 17 INFORMANT 14.2521 MARY AL	ILE JACKSON	50 WADE AL
enaval.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for 10), (I ED BY. .TE CAUSE (0)	Organi 1	Main Syndrem	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ose remave carb il, cremation, ar ather traumotic	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS	College	brobe Woody De	and 10 yes
to burio injury, ai		CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONDITION	December 1
Hygiene prior to be shows any injur	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
	OR CONTRIBUTING LEGALISE OF DE	HOUR A.M. MONTH	H DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN IT	(EM 18 PART I OR PART 2)
s the buriol-s h and Mental riked or Item	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Health	22a I certify that (I) (this hasp			opinion death occurred on the date of	nd have and from the causes stated
ate Dept.	THE SIGNATURE	la Alyl		IDING MEDICAL STAFF	Date SIGNED
he Stor	1 Nolson M	cKay M.D.	1132 N.	Rolling Road Balt	o. Md. 21228
with the IMPORTA	O. Herson H				UKRIDGE

^/	1	FOR		D	EPARTMENT OF	HEALTH AN	ND MENTAL HYGIE	NE	1 3	Ö	
.'V	15	STATE REGISTRAR		MED	ICAL EXAMIN	IER'S CER	TIFICATE OF DE	ATH REG.	NO.	200	
4-	1. DE	CEASED NAM	AE FIRST		MIDDLE	LAST		20. DATE KNOWN		AY YEAR	26. HOUR
102035	(TYI	PE OR PRINT)	nnie	м.	Wh	ite		OF ESTI-	- 110	10010	- 916
EAS TOO OUR OUR	3. SE.		4. RACE	5. DATE OF BIRTH		ARS IF UNDER	1 YR. IF UNDER 24 HRS		MONTH D	AY YEAR	2d, HOUR
PL DIRECTOR IN THE	Fe	emale	Caucasia	n 3-8-97	YEAR LAST BIRTHO	AY) MONTHS	DAYS HOURS MIN	PRONOUNCED DEAD	4-9	1981	-816
_ 33.45//		RTHPLACE (		76. CITIZEN OF WH	AT COUNTRY?	10	□ NEVER MARRIED □	9. BALTIMORE CIT	Y OR COUNTY O		10 M
品系古書館		reign country	rolinia	U.S.A.		WIDOWED		Howard (	-		
ZE NE Z	_	ITY OR TOWN		11. NAME OF HOSP	ITAL, NURSING HOM	E. OR OTHER IN	NSTITUTION 12a. U	SUAL OCCUPATION		KIND OF BE	USINESS
( # 15/	100	olumbi			ounty Gene		pital Hot	R MOST OF WORKING LIFE)		OR INDUST	RY
5 39530	IJa: S	TATE	13M COUN	ITY	13c. CITY OR TOWN	13d.		TREET ADDRESS			
2 23 6 2 2	_	ryland		Lmore	Woodlawn			109 Windson	r Mill Ro	oad 2	21207
W HH.	7	ATHER'S NAM	ΙE	MIDDLE	LAST	15.	MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST	
RE, I		Wade	Hi1		Capps		Margaret	t		Lewi	S
FOR PAREN	16a. \	WAS DECEASI 'ES, NO, OR UNKN	ED EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		NFORMANT Mrs. ]				
BALTIMORE, MD. URS AFTER DEATH WITH F PAGES DIVISIO		No			212-74-14	19 B5	01 Orchard	Avenue Bal	ltimore,		
		18 CAUSE (	OF DEATH (Enter onli EATH WAS CAUSED	ly one cause per line f	or (o), (b), ond (c).)	1	1.		8	APPROXIMAT	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG TE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT F DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IF PRIOR TO BURIAL, CREMATION, OR REMOVAL.				TE CAUSE (o)	91/4/13 17	Tollea	TION				
EST FIN HYO HYO		Condition	ons, if any, which	DUE TO, OR A	S A CONSEQUENCE	OF					
WILL WAN TAL MONTH		gove r	ise to immediate								
I W. P ED WI PENCI (AMIN AL-TRA AENTA R REMO		lying co	o) stating the <u>under-</u> use lost.	DUE TO, OR A	S A CONSEQUENCE	OF					
S, 301 FECUTE S:" IN P AL EX, BURIAL NND ME				(c)							
RDS NG A B	-	PART 2 OTNER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH &	IT NOT RELATED TO THE TERM	IINAL OISEASE OR C	ONOITION GIVEN IN PART 1 (a).	1			
L RECORD  JULD BE EX  "PENDING  IFF MEDIC  SED AS A  "HEALTH A  CREMATIC	è		12191	etes mo	11145						
ALREA TOULD TO "PEI "PEI "PEI "PEI "PEI "PEI "PEI "PEI	13	19a. DATE O	FOPERATION	196 CONDITI	ON FOR WHICH OPER	PATION WAS P	ERFORMED?	The seal	20	O. AUTOPSY	?
NIT ON ORD	CERTIFICATION								2	YES	NO
N OF VITAL CCATE SHOU HE WORD " UID BE USE TAKENT OF H	-	210 EXTERN	AL CAUSE WAS	21b. TIME OF	MONTH DAY YEA	21c. HOW I	NJURY OCCURRED SENTE	R NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
ON THE	MEDICAL		ING CAUSE OF		19						
VISI CERTINO PED 3 SI PED PED	ED	21d. INJURY			FINJURY (AT HOME.	211. LOCATI STREET	ION	CITY OR TOWN			
DIVI THIS CE WARDEIN PAGE 3 STATE DE	>	AT WORK	NOT WHILE E	3	mi, roam, cito.)	STREET		CITORIOWN	COUNTY		STATE
" m & " o ~		22g Loor	ufy that I tack chara	e of the remains descr	ribed above held as	Autopsy [	, Inspection X,	Inquiry X	and in my opiniar		
L EXAMINER: E CERTIFICATE OUID BE FOR ILL WITH THE S MARYLAND S	17	death resul			LIX.	icide .		etermined monner	7		
REE B		deam reser			Accident 425 Sc		TITLE (SPECIFY)	etermined monner	٥.		
ALE CENTRAL EN ALEN AL POUL	131	ACTUAL SIGNATURE	Ham	and X	Lestatt	44.5	Deal		DATE	4.10	186
EDICAL B TE THE A SHOUL NERAL OPETH, A	/				(2-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	M.D	THE ME	DICAL EXAMINER	SIGNED	1-1-	0)
¥SH2H¥		EXAMINER'S	NAMEDr. Th	nomas F. H	erbert	ADD	RESS_ 3779 Ch	urch Road	Ellicott	t City	, MD.
PACT AFT BALL	23a.B	URIAL, CREMA	TION, REMOVAL 2	36. DATE	23c. NAME OF CE		EMATORY 123d.	OCATION TY OR TOWN	COUNTY		
BP		Burial		4-13-85	Woodlaw	n Cemet	CII	YORTOWN	altimore	Mary	yland
DHMH - 17	24. F	UNERAL DIRE	CTORLoring		eral Direc	tors, I	nc - 250. DATE REC'D. I	BY REGISTRAR 256. RE	GISTRAR'S SIGN		
(VR A15 ME (5))	8	728 T.il	erty Road	1 Randall	stown. MD.	21133	APR 1	5 1985	· with the	- Markey	مسالتكن

STATE OF MARYLAND

ET LA THE STATE OF Days - There has the  DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FIRST

Howard

ELWOOD

## STATE OF MARYLAND

DEPARTA	CERTIFICATE OF D	NENT AP HYG	REG. N	10.	S	A		
TCHARD	WHITE		20. DATE OF DEATH	MONTH 4	18 1	9 8 5 8 5	26 HOL	JR 30 Am
	5. DATE OF BIRTH		6 AGE (IN YEARS LAST B	IRTHDAY	IF UNDF	RIYEAR	IF UNDER	24 HRS
	~°12 29	15	69	YRS.	MONTHS	DAY5	HOURS	MIN.
F WHAT COUNTRY?	MARRIED K NEVER M	ARRIED -	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

4. RACE 3 SEX White Male TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN O Maryland O CITY OR TOWN OF DEATH

- STATE REGISTRAR I. DECEASED NAME

TTYPE OR PRINTI

Savage

4 FATHER'S NAME

Charles

Manuland

USA

WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 8875 Carrollton Avenue

13c. CITY OR TOWN

Savage

13d. INSIDE CITY LIMITS? YESYY

15. MOTHER'S MAIDEN NAME Maru 17 INFORMANT

NO [

MIDDLE

200 AUTOPSY?

NO

and that in (my) our) opinion death accurred on the date and hour and from the couses stated

CITY OR TOWN

CITY OR TOWN

13e. STREET ADDRESS

Howard

120 USUAL OCCUPATION

Fisher

machinist leader U S Gout

8875 Carrollton Avenue 20863

ADDRESS

Doris White same as above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

DUE TO, OR AS A CONSEQUENCE OF Cerel Factors DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DAY YEAR

16h SOCIAL SECURITY NO

216 16 5132

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

20b. IF YES, WERE FINDINGS USED

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12b. KIND OF BUSINESS OR

INDUSTRY

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

NOT WHILE

190 DATE OF OPERATION

HOUR A.M. MONTH

22a.1 certify that (1) (this hospital) attended the deceased from

216 TIME OF INJURY

PM 10 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

22c DATE SIGNED

NO [

saw the deceased alive as 4//2 above (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

CERTIFICATION

MEDICAL

Hygrer

Mentol

8

Mllen. 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

William C. Waterfield

ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e. ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Savage Cemetery

211 LOCATION

900 Caton Ave. Baltimore, Md. 21229 23d. LOCATION

should be deta

MPORTANT

24. FUNERAL DIRECTOR

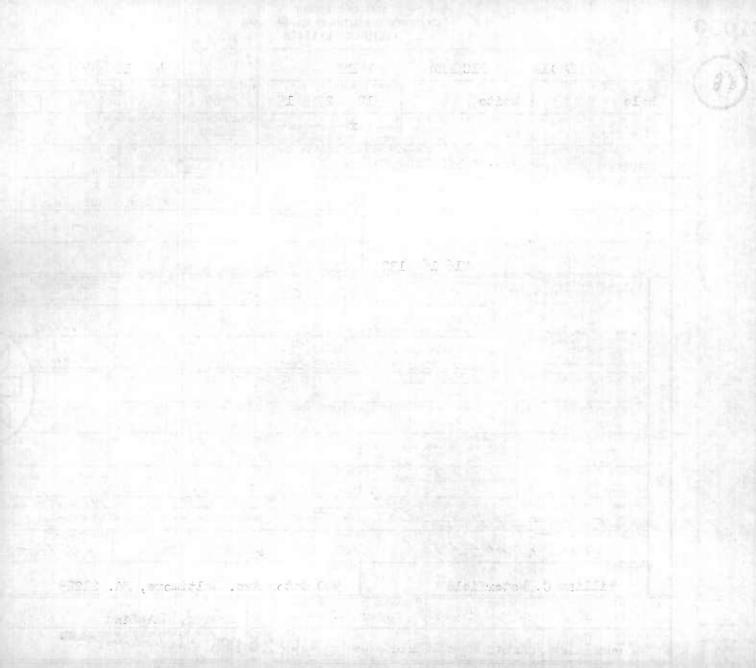
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Na Donaldson Funeral Home, ^ Laurel, Md

Savage, Maryland

STATE

DHMH-16 30M 2/80 (VRA 15, 4)



and completely filled in by the funeral director Pages 1 and 2 shauld be filed within 72 hours of

executed within 24 hours after

certificate be

law requires that the death

attending physicion. PHYSICIAN:

OR ATTENDING

TO HOSPITAL

BP

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACTYGIENE CERTIFICATE OF BEATH

DEC	110

1. DECEASED NAME (TYPE OR PRINT) MARI 3. SEX	MIL				REG. NO.			
3 SEX		W.	MIAM	S	DATE OF DEATH	4 2	85	6361
FOMME	White	5	DATE OF BIRTH  MONTH  DAY  7	YEAR	AGE (IN YEARS LAST BI	MÖ	UNDER I YEAR	HOURS M
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	- 4	AARRIED 9	BALTIMORE CITY	YRS OR COUNTY C	OF DEATH	
Wisc	U.S.A.			ORCED	Howari	d Co		
Columbia		FACILITY, GIVE STREET ADDR	ome or other inst ess) na Home	(	20 USUAL OCCUPAT TYPE OF WORK FOR MOST HOUSEWIFE		12b. KIND OI INDUSTRY	BUSINESS
Maryland Ho	ME OR OTHER INSTITUTION GOODNITY	Columb	A YES -		3e.STREET ADDRESS	ZIP CODE	Yourt !	1044 10K
late Casimer W	isneski	LAST		MAIDEN NAME	WIDDLE		LAST	
160 WAS DECEASED EVER IN U. (YES. NO OR UNKNOWN) (1FY	S. ARMED FORCES? I ES. GIVE WAR OR DATES)	546 32 40			ahn 2810 E	20	0910 St Sil	erspr
18 CAUSE OF DEATH (Ent PART I. DEATH WAS C	er only one couse per ly	he for to 1, (b), and ic		0		WENT	BETWEEN	MATE INTERVAL
	DIATE CAUSE (o)	Might C	crebre 1	nterct			1/2	you the
Part 2 OTHER SIGNIFICATION Palmonny	ular mess	Diebetos	mellitus					
A LA DATE OF OREDATIONS	196 CONDITI	ION FOR WHICH OPE	RATION WAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN	GS USED OF DEATH?
DATE OF OPERATION	Property of the second				YES NO	YES		NO 🗌
21a. ACCIDENT WAS UNDERLYIN	DE DEATH HOUR A.M.	. MONTH DAY	YEAR 19		YES NO	YES		
OR CONTRIBUTING CAUSE	DF DEATH HOUR A.M. MINFR) P.M.  21e PLACE OF	. MONTH DAY	19 211 LOCATIO			YES		но 🗌
OR CONTRIBUTING CAUSE OF CHILD CONTRIBUTING CAUSE OF CHILD CAUSE OF CHILD CAUSE OF C	DE DEATH MINER)  P.M  21e PLACE OF CAT HOME STREE  hospital) ottended the	MONTH DAY  FINJURY  T, FACTORY, OFFICE, FARM.  deceosed from	YEAR 19 211 LOCATIO STREET	)N	D LENTER NATURE OF INJU	YES URY IN ITEM T8 PAR OWN  2 19	COUNTY	NO STATE
OR CONTRIBUTING CAUSE (IF FITHER MOTEY MEDICAL EXA  21d INJURY OCCURRED  WHITE AT WORK  22d. I certify that (1) (this saw the deceased almobove, (1) well (dight) (dight)  22b. SIGN AT URE	DEDEATH HOUR A.M.  P.M.  ZIE PLACE OF (AT HOME STREE)  hospitol) ottended the re on (Mr) (10 Hot) view the body of (10 Hot	MONTH DAY  FINJURY  T, FACTORY, OFFICE, FARM.  deceosed from	YEAR 19 211 LOCATIO STREET  Ond that in (my)  DEGREE A P	. 19	CITY OR TO	YES OWN  19 JEM 18 PAR OWN  AFF	COUNTY	NO STATE
OR CONTRIBUTING CAUSE.  (IF FITHER NOTIFY MEDICAL EXA  (IF FITHER NOTIFY MEDICAL EXA  21d INJURY OCCURRED  AT WORK  22d.1 certify that (1) (this  sow the deceased all  obove, (1) went (did) (d)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (1)	DEDEATH HOUR A.M. MINER)  21e. PLACE OF (AT HOME STREE  THOSE OR PRINT)  (17PE OR PRINT)	MONTH DAY  FINJURY  IT, FACTORY, OFFICE, FARM.  deceosed from  19 55  fter deoth.	PEGREE  211 LOCATION STREET  19  211 LOCATION STREET  19  212 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET STREET  218 LOCATION STREET S	TTENDING ALL	CITY OR TO  to AVII  oth occurred on the d  MEDICAL PHYSI  PLIM, C. LIM	YES OWN  19 JEM 18 PAR OWN  AFF	COUNTY  COUNTY  22c. DATE S	NO hot (I) (we) ouses stoted SIGNED
OR CONTRIBUTING CAUSE (IF FITHER MOTEY MEDICAL EXA  21d INJURY OCCURRED  WHITE AT WORK  22d. I certify that (1) (this saw the deceased almobove, (1) well (dight) (dight)  22b. SIGN AT URE	DE DEATH DE DE DEATH DE DE DEATH DE DE DEATH DE DE DEATH DE DE DE DEATH DE DE DE DE DE DEATH DE D	MONTH DAY  FINJURY  IT, FACTORY, OFFICE, FARM.  deceosed from  19  5  tter deoth.	YEAR 19 211 LOCATIO STREET  Ond that in (my)  DEGREE A P	TTENDING PHYSICIAN (I)	CITY OR TO  TO TYPE  TO TYPE  TO TYPE  TO TYPE  TO TYPE  TO TYPE  TO THE CONTROL  TO THE CONTR	OWN  AFF CIAN   Make 2  VES  VIEW 18 PAR  OWN  AFF  CIAN   Make 2  Make 2  Make 2  Make 2  Make 3  Make 4  Mak	COUNTY  COUNTY  22c. DATE S	NO DIATE STATE  STATE  STATE  STATE  STATE

DHMH - 16 60M 7/B (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MARION W. Williams

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR Harry H Witzke 4112 Columbia RdEllicott City

(SPECIFY) Burial

230 BURIAL, CREMATION, REMOVAL 236 DATE 6'85 April

23c NAME OF CEMETERY OR CREMATORY Meadowridge

23d. LOCATION

Maryuland Howard

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S MONATURE

the property and the second of	
그 회문 경영 시민이는 실고를 살게 되는 것이 되는 것이 모든 것이 되는 것이 없다.	

1